

Welcome to Isabella

Welcome to Isabella Geriatric Center. We hope your stay with us will be pleasant and comfortable.

We have prepared this booklet to introduce you to our facilities, tell you about our policies, and let you know about your rights as a resident.

Inside you will find answers to some frequently asked questions, such as the phone numbers of key departments and staff; where they are located; and whom to ask when you need assistance or have further questions. Your Certified Nursing Assistant (CNA) also will be happy to answer any questions you may have.

We at Isabella will do our best to meet your needs while ensuring your safety, security, and comfort. We invite your comments and questions—your feedback will help us maintain the consistent and excellent level of care we aim to provide.

Any questions you have about the information in this packet can be answered by your Social Worker.

The contents of this booklet can also be found on the Family and Friends website (www.isabellasfamily.org) along with updates, event calendars and other useful information.

Our efforts to create an environment that supports residents and staff as individuals has been named “Home Again” and includes the creation of Neighborhoods (Nursing Units) into groupings of Communities (3 Neighborhoods).

Each Neighborhood has been named by the residents and staff who live and work within. Each Community has a Department Head, and a Community Director whose role is to:

- Advocate and build relationships with residents, families and staff.

- Analyze processes and identify areas for review, examination and change.
- Oversee clinical benchmarks and ensure optimal outcomes.
- Ensure regulatory compliance.
- Streamline documentation and working cultures.
- Review budgetary guidelines and find areas of cost savings.
- Enhance spaces, recreational programs and dining opportunities.
- Reinforce educational opportunities and the importance of communication.
- Maximize our resources within Isabella.
- Be a resource to Isabella, the community and the healthcare industry.

Neighborhoods

Nursing Floors – 515 Building

- | | |
|---------------------|-------|
| • House of Sunshine | NF-3 |
| • Sunrise | NF-4 |
| • Paradise Island | NF-5 |
| • Cherry Blossom | NF-6 |
| • The Heights | NF-7 |
| • Venice | NF-8 |
| • Rose Garden | NF-9 |
| • House of Love | NF-11 |
| • Highview | NF-12 |

525 Building

- | | |
|-----------------------|----------|
| • Garden of Eden | House-3 |
| • Hope's Paradise | House-4 |
| • Shining Stars | House-5 |
| • House of Hope | House-6 |
| • Comfort Zone | House-7 |
| • Grand Central Haven | House-8 |
| • Breath of Life | House-9 |
| • Bird of Paradise | House-10 |
| • Baker's Place | House-11 |

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Inside Isabella

The Care Team

We invite you to introduce yourself to the staff when you arrive on the neighborhood. The nursing home is the residents' home, and the staff who interact every day with them would like to get to know you. So please stop by the desk and say hello.

The **Certified Nursing Assistants** (CNAs) assist the residents with daily activities, including bathing, dressing, grooming and eating. They are the primary caregivers for our residents. CNAs usually know your loved one best (even though the same CNA may not always be on duty when you visit). They have the most consistent and significant interaction with residents since they are responsible for assisting with daily activities. You can find out a great deal by speaking with the CNAs. They are good friends to many Isabella residents.

The **Physician** provides ongoing medical assessment and prescribes medications and treatment.

The **Charge Nurse** coordinates care, the administering of medications and treatments and the monitoring of resident's responses.

The **Neighborhood Coordinator** provides clerical services and assistance for the Neighborhood under the direction of the Charge Nurse.

The **Social Worker** provides support to meet the non-medical needs of the residents and can serve as your liaison.

The **Dietician** oversees the nutritional needs of the residents.

The **Therapeutic Recreation Worker** provides structured activities both on the Neighborhood and in other locations, for groups and on a one-to-one basis.

Volunteers assist staff in the care of residents, transporting, assistance with meals, socializing and engaging them in activities.

The **Community Director** is available to help you understand the care delivery system.

Isabella Services

Residents receive additional services as the need arises:

Rehabilitation: Includes physical, occupational, speech therapy and audiology.

Medical Services: Includes dentistry, ophthalmology, podiatry, psychiatry, psychology, and other services as needed.

Pastoral Care: Protestant, Catholic, and Jewish clergy are available to visit residents. Individual spiritual needs and services are coordinated by our chaplain. (see page 21 for more information on Pastoral Care)

Pharmacy: Medications are provided by a Vendor Pharmacy. All eligible residents must be enrolled in a Prescription Drug Plan.

For a directory of all our Services, see page 15.

Bulletin Boards

When you come to visit, you'll find it helpful to check the bulletin boards. On the resident's bulletin board you can find:

- The names of the members of the Care Team.
- The monthly calendars of recreational activities.
- The schedule of Care Plan Meetings, which we encourage you to attend.
- Information for adding or deleting family contact information.
- Other notices and pertinent information.

Talk to Us

If you have any concerns, please talk with the staff on the Neighborhood. They welcome your participation in the care of our residents. They are your key to action!

In addition, you may find it helpful to consult our Isabella Directory, "A Guide to Finding Your Way Around."

Before You Arrive

Here is some useful information on what to expect during your stay at Isabella as well as some general policy matters.

Smoking

This is a smoke-free facility, smoking is only permitted in the coffee shop on the ground floor of the 515 building.

Drinking

Consumption of alcohol where it presents a problem in physical, social, or emotional functioning is recognized as a physical disease. Our team is available to provide education and referral as needed.

Residents have the right to refuse treatment, but they do not have the right to infringe on the rights of other residents or staff.

Personal Allowance

Medicaid Law allows Residents to keep \$50 of his/her income for personal use called the "Personal Incidental Allowance" or "pocket allowance". This money is deducted from the Social Security or other sources of income turned over to the Facility as part of the Net Available Monthly Income (NAMI).

Immunizations

Immunizations against Influenza (flu) and Pneumococcal disease (Pneumococcus) will be administered unless contraindicated by a medical condition and or your stated preference. Unless previously immunized, all residents will receive the Pneumococcal Vaccine upon admission. In addition, the annual influenza immunization is administered between October 1st and March 31st of the following year. You are being provided with information on the benefits of receiving the vaccines, potential side effects of the pneumococcal and influenza vaccines and the consequences of not receiving the vaccines.

Use of Restraints

Isabella is a restraint-free environment. In very rare instances when it may become necessary to use alternate means such as vest restraints, side rails or lapboards to provide for the resident's safety, we will contact you.

Homelike Belongings are welcome at Isabella

To accommodate the needs and preferences of residents, all are encouraged to bring "homey" items. Homey items might include, but are not limited to, the following:

- Small pieces of furniture, end table, non-upholstered chair – within available dimensions of the room
- TV (up to 15" for bedside placement) – we recommend flat screens with a wall mounted TV bracket. Please speak with your Social Worker before making a purchase for guidance from our Facilities Management Department on recommended size to fit the wall space intended for viewing.
- Radio, CD player
- Photographs that are meaningful to the resident (weddings, special events, family photos, etc.) We strongly recommend a copy of valued photos be framed and the originals kept with family members.
- Memorabilia that is especially meaningful to the resident.

Please Note:

- Electrical items/furniture must be checked by our Facilities Management Department to ensure safety.
- Nothing can be hung from/placed on smoke detectors or light fixtures.
- Natural trees, wreaths, branches, lit candles, and open flames are not permitted.
- Artificial trees must be flame retardant.

Pets are Welcome

To accommodate the needs and preferences of the residents, pets are welcome as visitors to the facility.

Please bear in mind:

Pets may visit from 10am to 8pm.

The pet must be accompanied at all times by a person familiar with and capable of controlling the animal's behavior.

The pet must be on a leash at all times.

The pet must be house trained.

The pet is allowed to visit in the resident's room.

The pet is not permitted in Utensil Storage, or Food Preparation areas.

Proof of vaccination and the name of the vet must be provided.

Consult the Social Service Department for any additional information.

Clothing

Suggested Clothing Lists

Women

12	Washable dresses (poly/cotton mix)
4	Washable sweaters
2	Washable bathrobes
2 pair	Shoes/sneakers (comfortable walking/therapy shoes)
2 pair	Washable slippers (non-rubber soles)
1	Jacket or coat hat, scarf, and gloves
15 pair	Underwear
7	Bras Slips
12 pair	Stockings/white cotton socks/non-slip socks

Optional Items for Women

8	Nightgowns Pocketbook
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Men

15	Poly/cotton washable shirts
15	Poly/cotton washable pants
4	Poly/cotton washable sweaters
2	Poly/cotton washable bathrobes
2 pair	Shoes/sneakers (comfortable walking/therapy shoes)
2 pair	Washable slippers (non-rubber soles)
	Jacket or coat hat, scarf, and gloves
15 sets	Under-shorts and T-shirts
15 pair	Cotton socks – non-slip

Optional Items for Men

2	Belts
8 pair	Pajamas Ties

Clothing Tips

Permanent marker will not withstand the laundry chemicals and water temperatures. We cannot assume responsibility for lost clothing that has not been labeled. If your preference is to wash your own laundry, please be aware that all clothing must be labeled to prevent lost items.

Please make sure that the garments are made of materials that can be washed in very hot water and withstand high heat drying, such as polyester, cotton/poly blend, and permanent press. Avoid garments made of nylon, as they will burn in the dryer.

Dry cleaning is done at the resident's cost. Families are responsible to bring dry cleaning to their dry cleaner of choice. We cannot assume the responsibility of replacement costs for clothing needing dry cleaning that has been damaged. Clothing requiring dry cleaning is strongly discouraged.

To ensure that items are returned to the correct resident, please bring all items (i.e., clothing, electronics) to the charge nurse for recording, receipt and labeling.

Food and Nutrition Services

Isabella is committed to providing our residents with a quality dining experience. We offer a five week, seasonally adjusted cycle menu, planned by experienced Registered Dietitians and prepared by our culinary staff. The menu features selections for our population of ethnically diverse residents, with attention to individual needs. In addition to our daily selections, we offer an alternative choice at each meal, as well as many items, such as sandwiches, cold plates, baked chicken, etc. which are always available. Kosher and vegetarian preferences are also honored.

Meal times are posted in each dining room. We offer snacks, such as milk, yogurt, pudding, juice, light sandwiches and cookies in the afternoons and evenings for anyone who needs additional nourishment. Your dietician will visit you shortly after admission to obtain your food preferences and discuss how we can meet your nutritional needs and enhance your dining experience. Please contact your dietician to answer any questions you may have regarding your diet and menu selection.

Services Directory & Hours

Visiting Hours:

Monday - Sunday, Around the Clock

Adult Day Health Care Center

1st Floor rear, 525 Bldg.
Monday - Friday, 8am - 5pm
Phone: 1303

ATM (Bank Machines)

Ground Floor Lobby, 515 Bldg.
Basement, 525 Building

Barber Shop

Basement, 525 Bldg.
Monday and Tuesday, 8:30am - 4:30pm
Phone: 1689

Beauty Salon

(by appointment)
Basement, 525 Bldg.
Monday - Friday, 8:30am - 4:30pm
House residents:
Thursday, 8:30am - 4:30pm
Phone: 1689

Bird Cages

Visit the parakeets!
Ground Floor Lobby, 515 Bldg.

Finches

4th Floor - 525 Building
Rehabilitation Department -
2nd Floor, 515 Building

Cafeteria

(for staff and visitors)
1st Floor Bridge between
515 & 525 Bldgs.
Monday - Friday,
7am - 10am, 11:30am - 2pm,
5pm - 8pm
Phone: 2215
A listing of local food
establishments can be obtained
from Security or the Resident
Services Representative
Ext. 1547

Cashier

To pay Isabella bills and cash
checks, to deposit and
withdraw from resident
accounts
1st Floor, 515 Bldg.
Monday - Friday 9am - 3pm
(closed holidays)
Phone: 1327

Chaplain (by appointment)

Room 101, Lobby, 525 Bldg.
Phone: 1333

Child Care Center

North Corridor, Ground Floor,
515 Bldg.
Monday - Friday, 8am - 6pm
(closed legal holidays,
Christmas week and last two
weeks of August)
Phone: 1438

Coffee Shop / Snack Bar

Ground Floor, 515 Bldg.

Doctors' Offices / Medical Suite

(by appointment)
2nd Floor, 525 Bldg.
Phone: 1495

Finance Office

1st Floor, 515 Bldg.
Monday – Friday, 8:30am – 5pm
Phone: 1328

Fish Tanks

- Rear Lobby, Ground Floor, 515 Bldg.
- Library Lounge, 1st Floor, 525 Bldg.
- Recreation Suite, 2nd Floor, 515 Bldg.

Gift Shop

Ground Floor, 515 Bldg.
Monday – Friday, 9:30am – 4pm
(schedule subject to change)
Newspapers, ice cream, candy, stationary, stamps, sundries
Phone: 2210

Greenhouse

2nd Floor, 525 Bldg.

Libraries:

House Library

1st Floor Lobby, 525 Bldg.

Larson Library

Ground Floor, 515 Bldg.
Phone: 9370

Mailboxes

Ground Floor Lobby, 515 Bldg.
1st Floor near elevators, 525 Bldg.

Marketing Office

1st Floor, 525 Bldg.
Phone: 1505

Occupational Therapy

2nd Floor, 525 Bldg.
Phone: 1401

Physical Therapy

2nd Floor, 525 Bldg.
Phone: 1474

Public Phones

- Every Neighborhood
- Lobbies of both buildings
- 1st Floor near Administration Offices, 515 Bldg.
- 2nd Floor near Occupational Therapy, 525 Bldg.

Recreation Hall

Ground Floor rear, 515 Bldg.
Concerts, church services,
sports, parties
Phone: 1453

Recreation Suite

2nd Floor, 515 Bldg.
Music, crafts, classes,
meetings, large-screen TV,
resident computer, game room,
fish tank
Phone: 1453

Religious Services

- **Catholic** - Sundays at 10:15am, Recreation Hall
- **Protestant** - Sundays at 2:30pm, Recreation Hall
- **Jewish** - Fridays at 3pm, Larson Library
- **Jehovah Witness Bible Lecture** - 3rd Saturday each month at 2pm, Recreation Suite

Phone: 1333

Social Services

2nd Floor, 515 Bldg.
Phone: 1451

Speech Therapy

2nd Floor, 525 Bldg.
Phone: 1204

For Isabella House Residents

Art Studio

Room 1512, 525 Bldg.

Computer Center

Room 1512, 525 Bldg.

Dining Room

1st Floor rear, 525 Bldg.
Phone: 2010

Entertainment Center

Room 1412, 525 Bldg.

Guest Room

Room 1214, 525 Bldg

House Manager

Room 102, 1st Floor, 525 Bldg.
Phone: 1343

Laundromat

Room 1710, 525 Bldg.

Personal Mailboxes

1st Floor, 525 Bldg.
Opposite Fish Tank

Private Dining Room

Room 1312, 525 Bldg.

Social Worker

Room 219, 2nd Floor, 515 Bldg.
Phone: 1412

Telephone Directory

Resident and Visitor Services	from Outside	Inside
Administration	(212) 342-9303	1303
Admissions	(212) 342-9245	1245
Adult Day Health Care Center	(212) 342-9813	1813
Barber Shop	(212) 342-9689	1689
Beauty Salon	(212) 342-9689	1689
Cafeteria		2215
Cashier	(212) 342-9327	1327
Chaplain	(212) 342-9333	1333
Child Care Center	(212) 342-9438	1438
Doctor's Offices/Medical Clinic	(212) 342-9495	1495
Emergency		1777
Environmental Services (Housekeeping/Laundry)	(212) 342-9460	1460
50+ Club (Public Affairs)	(212) 342-9347	1347
Finance Office (Resident's Accounts)	(212) 342-9328	1328
Dining Services	(212) 342-9228	1228
Gift Shop	(212) 342-9210	2210
Home Care	(212) 342-9500	1500
Human Resources	(212) 342-9590	1590
Libraries		
Larson Library	(212) 342-9370	9370
Facilities Management	(212) 342-9543	1543
Medical Records	(212) 342-9493	1493
Marketing	(212) 342-9505	1505
Notary Public		
Social Services	(212) 342-9451	1451
Finance	(212) 342-9328	1328
Community Director	(212) 342-9454	1454
Human Resources	(212) 342-9593	1593
Nursing Office	(212) 342-9253	1253
Nursing Supervisors	(212) 342-9258	1258

Recreation	(212) 342-9453	1453
Rehabilitation		
Occupational Therapy	(212) 342-9401	1401
Physical Therapy	(212) 342-9474	1474
Religious Services Information	(212) 342-9333	1333
Security Desk		
515 Building	(212) 342-9541	1541
525 Building	(212) 342-9540	1540
Social Services	(212) 342-9451	1451
Speech Therapy	(212) 342-9204	1204
Volunteer Services	(212) 342-9351	1351

Isabella House Services	from Outside	Inside
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Dining Room		2010
Guest Room	(212) 342-9425	1425
Entertainment Center	(212) 342-9402	1402
House Manager	(212) 342-9343	1343
House Social Worker	(212) 342-9412	1412

Support Groups Schedule

You are invited to attend

Relatives & Friends Council

Every 2nd Saturday at 2:00 p.m.

515 Building, 2nd Floor

This group meets to resolve issues and share concerns, ideas and suggestions in a confidential setting (see schedule on board).

For more information, call Ms. Mary Oliver at 212-708-9824

Social Service Support Group

For more information, call Social Services, at 212-342-9409.

Families meet together for mutual support and information.

Dementia Support Group

For more information, call Ms. Karen Harper, Resident Community Director at 212-342-9331

To help family members and friends of residents with Dementia deal with their feelings by promoting hope and optimism.

Pastoral Support

Meetings by appointment

For more information, call Rev. John Redic at 212-342-9333

Spiritual/religious consultation is provided with sensitivity to individual beliefs, religious or secular values and preferences, organizational affiliations and other specific directives.

Support and Bereavement Groups for Community Members

A weekly support group led by a psychologist deals with some aging related issues: loss of loved ones, care taker roles and dealing with health care and life for loved ones and one's self. It is a peer group where the members can laugh and seriously discuss the challenges of aging. For more information, call Susan Babinski, Ph.D at 212-342-9222.

New Relatives & Friends Orientation

To familiarize relatives and friends with the routines of Isabella.
Please contact our Resident Service Representative:

Lourdes Sanchez
525 Building, 6th Floor
Room 600
212-342-9547

Relatives & Friends Council

Saturday Gathering Schedule 2009-2010

September 12, 2009

February 13, 2010

October 10, 2009

April 10, 2010

November 14, 2009

May 8, 2010

June 12, 2010

Summer Recess

July and August 2010

Resumption of Meetings

September 11, 2010

All Relatives and Friends of Isabella residents are welcome to the gatherings.

Where: Recreation Suite – 2nd Floor of the 515 Building at 2:00 p.m.

All meetings last about one hour

Refreshments are served

Please call Mary Oliver, President, 212-708-9824 if you have questions

Share your Concerns and Ideas * * *

Relatives & Friends Council Gatherings are a place to share your concerns, ideas and suggestions with total confidentiality. Learn how you can make a difference in the quality of care and the quality of life your relative/friend receives.

- Are you having problems you cannot resolve? Together we can strategize a solution.
- Do you have an idea or suggestion on how to improve the quality of life for the residents? As a group, we can present these suggestions to Administration.
- Please join us and assist in making a difference in the resident's quality of life at Isabella.
- Visit our Family and Friends website www.isabellasfamily.org
- Do you know what takes place at a CCP meeting? Do you know all resident's clothing must be labeled by Isabella's laundry service? Labeling is FREE.
- These are just a few things you learn at the Council gathering.

FRIA HOTLINE 212-732-4455 Call for assistance Monday through Friday

Ethics Committee

The Ethics Committee exists to help guide Isabella, its residents, staff, families and friends through difficult and emotional decisions that may arise while providing care to individual residents.

While Isabella's policies are all rooted in the patient's right to self-determination, there are often times when families, staff, and residents will have strong feelings about a treatment decision, where each party involved wants something different. The Ethics Committee serves as a resource to the parties, so that decisions and their implications can be discussed and hopefully resolved in a responsible and conscientious fashion. At all times, the Committee adheres to the principles of respecting an individual's right to make decisions regarding his/her own treatment, privacy, and relationships while also respecting the rights of other residents, family members and staff.

Purpose of the Ethics Committee

The Committee's purpose is to be available for:

Case consideration

Staff can consult with the Ethics Committee in difficult situations when further help may be needed to make decisions involving residents. The Committee's role is to support all members involved in or affected by these decisions, including residents, families and staff. The Committee also helps to mediate conflict among all concerned.

Education

The Ethics Committee exists to assess the needs of residents, families and staff, and then to develop educational programs that disseminate information related to ethical issues faced by all. Such topics include Health Care Proxy, Death and Dying, guardianship, Do Not Resuscitate, etc. An educational curriculum is proposed and evaluated annually by the Committee.

Guidelines and Policy development

The Ethics Committee also provides guidelines for staff implementation of policy. Staff, families and residents may need specific interpretation of policies such as the “No Smoking” or “Do Not Resuscitate” policies. The Committee works with the Board of Directors to develop and implement clear guidelines for those we serve as well as those we employ.

Ethics Committee Membership

The Committee is comprised of staff, resident, and community members, including a physician, registered nurse, social worker, administrator, representative of the Board of Directors, chaplain, nursing assistant, Resident Council member and any other concerned party as the situation may dictate.

The Ethics Process

The Committee meets three times a year and on an as-needed basis to review cases, educational activities and organizational policies. Any staff member, resident or family member may contact a member of the Committee for assistance. The Committee will try to provide a forum for discussion and support, but will not intrude on the caregiving process. A report on the activities of the Ethics Committee is presented to the Board of Directors at least annually.

If there are any questions in regard to the Ethics Committee at Isabella, kindly call the Executive Secretary at 212-342-9303.

Therapeutic Recreation Services

The Therapeutic Recreation Department is dedicated to enhancing the lives of each of our residents and affording each the opportunity to experience the joys and pleasures of a wide variety of recreational programs and activities. Culturally diverse and age appropriate programs are designed to meet the needs of our residents, maximizing their strengths and ameliorating their challenges.

Neighborhood programs and/or campus wide events are scheduled seven days a week including many early evening activities. Many of the highly successful, unique and innovative activities have won national awards and have been cited in the therapeutic recreation journals and periodicals.

In collaboration with the on-campus Isabella Child Day Care, Project N.O.I.S.E.E. (Naturally Occurring Interaction in Shared Environment Everyday) has been realized. The award winning intergenerational program weaves together the lives of both the children and the residents. The children utilize the entire Isabella campus as their classroom becoming part of the natural rhythm of the resident's day.

The Therapeutic Recreation Department ensures residents remain involved with the sights and sounds of the surrounding metropolitan area through trips to restaurants, concerts, sporting events, museums, etc.

Pastoral Services

The Pastoral Services Unit is committed to addressing the religious needs of residents, in support of their primary health care. Although residents are the prime focus, Pastoral Services are also available to the families and friends of residents and to the Isabella staff. The Pastoral Services Unit is sensitive to and supportive of individual beliefs, religious and secular values and preferences, organizational affiliations and other specific directives.

Personnel

Protestant Chaplain
Roman Catholic Clergy
Rabbis - Orthodox, Reformed and Conservative
Protestant Clergy
Muslim Clerics
Other Clergy, Pastoral and Ministerial staff from the community

Worship Services

Interfaith Memorial Services

Sunday, 3pm Quarterly
Recreation Hall

Jehovah Witness Bible Lectures

3rd Saturday of month, 2pm
Recreation Hall

Jewish Service

Fridays, 3pm
Larson Library

Protestant Services

Sundays, 2:30pm
Recreation Hall

Roman Catholic English Mass

Sundays, 10:15am
Recreation Hall

Roman Catholic Spanish Monthly Mass

Scheduled, Mondays, 2pm
Recreation Suite

Special and Holy Day Services

As announced

Bed Reservation Policy

For Therapeutic and Personal Leaves

Therapeutic/personal leaves refer to visits with friends or relatives, for a period of more than 24 hours up to a maximum of 18 days. Residents covered by Medicaid may use up to 18 days for therapeutic/personal leave in a twelve-month period.

The resident's room shall be held if the following criteria are met:

- The resident must have established residency for 30 days within the facility prior to the leave.
- Isabella should be informed of the request at least two business days' in advance of the desired date for the leave. Please contact the Social Service Department, Monday through Friday at 212-342-9451.
- The following information must be provided:
 - Resident's name
 - Your name, address and telephone number
 - Location of therapeutic leave
 - Expected date and time of departure from Isabella
 - Expected date and time of return to Isabella

In case of an emergency where you are unable to follow the proper procedure as outlined above, please inform the Nursing Supervisor on duty of the resident's request for emergency leave. A request for medical approval must be made to and obtained from the staff physician on call in such cases.

The resident is financially responsible for therapeutic leave days that are not Medicaid reimbursable. Medicare and/or managed care does not pay for therapeutic leave; therefore residents/families must agree to pay privately for these days if they desire the bed to be held.

For Temporary Hospitalizations

Medicare does not pay for beds to be reserved.

Residents covered by Medicaid may have their beds reserved for them at Isabella during a temporary absence for hospitalization.

In order for the bed to be reserved, the following criteria must be met:

- Your doctor expects that you will return to Isabella within 20 days.
- You must have been a patient at Isabella for 30 days or more since your initial admission.
- The number of empty beds at Isabella must be relatively low (no more than 5% of the total beds,) on the day you temporarily leave.
- Isabella and the hospital must have made all the necessary arrangements for holding your bed and room.

If residents covered by insurances other than Medicaid wish their bed to be held for them, they are financially responsible for covering the cost of the days that they are gone.

In all cases;

In the event of a hospitalization, the following are our procedures:

- The primary physician, R.N. or nursing supervisor will call you to advise you that hospitalization is necessary.
- The Social Service department will notify you or your next of kin to request your authorization to hold the bed:
 - If your request is able to be accepted, your bed will be reserved, as long as your absence is considered "temporary" or up to 20 days. After 20 days, you will be discharged.

- If your request is unable to be accepted, you will be discharged and the bed will be made available to a new admission.

Visitor's Guide

Here are some tips and ideas to help you better understand the nature of our facility and make your visits more enjoyable.

On The First Day

Keep admission calm and simple

The day of the nursing home admission is not the last time you will see your loved one. It is not necessary to make a grand outing of the occasion, or to have a large group accompany the resident. A mid-morning arrival is suggested, with not more than two people accompanying the resident. Plan to spend several hours with your loved one on the first day. There will be more paperwork to do, no matter how thorough the prior preparation. It is important to help your loved one arrange his belongings and meet the roommate, if there is one. This is also the time to introduce yourself and the resident to the nursing staff.

As you prepare to leave your loved one, tell him or her when you will be back again to visit and give plenty of reassurance that you care. If it all possible, save the tears for later. Adjusting to a nursing home is difficult at best for your loved one, and a tearful scene on the day of admission is hardly conducive to a smooth transition. [1]

Visiting Tips

Make the most of your visits

- Bring something to do together, or spend time with other residents and families.
- Plan the visit when you will not feel rushed, and do not stay so long that you and the resident are worn out.
- Alternate visits with other family members and friends. Encourage them to visit at the resident's best time.
- Create a ritual when visiting. For example, bring an ice cream cone or favorite craft.

- Quiet, shared moments are meaningful. Reminisce about the past, hold hands, and just spend time together.

If you can't visit, send a videotape, audiotape, letter or card. Staff can read letters and cards to residents, if needed.

Communication

Bringing up a problem to your loved one

When you have concerns about the safety of health of your loved one, bring up concerns right away. Make notes ahead of time about what to cover, what outcomes you'd like to see, and those that are realistic. It may help to open the discussion by using examples of someone going through a similar situation or to refer to relevant newspaper, magazine or TV stories.

Remember that each situation is unique. Respect feelings about "shoulds" or "shouldn'ts." Acknowledge that change is hard for all involved. Keep in mind that competent adults retain the right to make their own decisions, even when those decisions may seem unreasonable. It is often best to seek the advice of an involved healthcare provider to help you and your loved one work through problem issues and disagreements. [2]

Courtesy is Contagious

Say hello and introduce yourself to the staff, other residents and visitors when you arrive on the unit.

Knock and announce yourself when entering resident rooms. Respect other residents' need for privacy.

Ask before changing radio or television stations.

Check with staff before offering food or drink to the other residents.

Let unit staff know when you are taking a resident off the Neighborhood, where you are going and when you expect to return. Remember if taking a resident off the premises, you must sign a waiver.

Be as patient as you know how to be.

Don't visit us when you are not feeling well. Help us prevent infection from spreading.

Feel free to include other residents in your visits and activities.

Ask resident permission prior to assisting them to accomplish the task.

We hope your visits are enjoyable. For more information on how to make visits rewarding for you and your loved ones, pick up a copy of the brochure, "101 Things to do With the Residents"

Infection Control

We need your help!

Infection control means preventing our residents from acquiring infectious diseases.

You can help us control infections by postponing your visit if you have symptoms of the following:

- The flu
- Pink eye
- Severe cold symptoms

Remember, handwashing is the single most effective way to prevent the spread of infections.

[1] Source: Adapted from *The Complete Nursing Home Guide*, by Mary Brumby Forrest, LPN, Christopher B. Forrest, MD and Richard Forrest, Taylor Publishing Company, 1550 W. Mockingbird Lane, Dallas, TX 75235

[2] Source: Elderissues.com Web site

Resident Rights

(Reprinted from The New York State Department of Health)

As a nursing home resident, you have the right to:

- dignity, respect and a comfortable living environment;
- quality of care and treatment without discrimination;
- freedom of choice to make your own, independent decisions;
- the safeguard of your property and money;
- freedom from pain
- safeguards in admission, transfer and discharge;
- privacy in communications;
- participate in organizations and activities of your choice;
- an easy to use and responsive complaint procedure;
- exercise all of your rights without fear of reprisals;
- request that you not be listed in the facility directory which includes your name outside your assigned room, your name on your medical record, wheelchair, etc.

Introduction

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

The facility must implement these policies and explain them to you.

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

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

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

Dignity and Respect

Resident Rights

You have the right to:

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

Facility Responsibility

The facility must:

- ensure that you are treated as an individual and encourage you to participate in programs and services of your choice;
- provide you with safe, clean and comfortable rooms and surroundings;
- protect you from any kind of harsh and abusive treatment;
- provide you privacy in communicating and associating with people
- of your choice.

Admission

Resident Rights

You have the right to:

- nondiscrimination in admissions;
- equal access to quality care;
- apply for Medicare or Medicaid benefits;

- the absence of a guarantee of payment from another person or source other than yourself for admission or continued stay.

Facility Responsibility

The facility must:

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

The facility must not:

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

The facility may:

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

Life at the Facility

Resident Rights

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

- vote, with arrangements made by the facility;
- action for damages or other relief for deprivations or infringements of your right to adequate and proper treatment and care;
- exercise your civil and religious liberties, including the right to independent personal decisions and knowledge of available choices;
- be free from verbal, sexual, mental or physical abuse, corporal punishment and involuntary seclusion, and free from chemical and physical restraints except those restraints authorized in accordance with nursing home minimum standards; this includes but is not limited to doctor's orders, specified time periods, close monitoring, periodic re-evaluation of need, conferring with a family member or designated representative and documentation in the records;
- be free from pain (see Pain Management Bill of Rights, page 61;

- meet with and participate in activities of social, religious and community groups at your discretion.

Resident Council

- participate in the established resident council at the facility.

Access to Information

- examine the results of the most recent federal or state survey of the facility including any statement of deficiencies, any plan of correction in effect with respect to the facility and any enforcement actions taken by the New York State Department of Health (Results must be made available for examination in a place readily accessible to you.);
- receive information from agencies acting as residents' advocates and be given the opportunity to contact these agencies;
- request, or have a designated representative request, and be provided information concerning your specific assignment to a resident classification category for purposes of linking reimbursement to the intensity of your care;
- inspect upon verbal or written notice within 24 hours records pertaining to you, and with two working days' notice purchase and receive photocopies of such records. The cost of reproduction may not exceed 75 cents per page.

Grievances

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

Privacy

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

Work/Services

- perform services only when:
 - (1) you can safely perform the services;
 - (2) the facility documents the need or desire for work in your plan of care;
 - (3) the plan specifies the nature of the services performed and whether the services are voluntary or paid (Compensation for the paid services must be at or above prevailing rates and you must agree to the work arrangement described in your plan of care.);
- refuse to perform services for the facility.

Facility Responsibility

The facility must:

- furnish you with a written description of your legal rights including:
 - (1) a description of how the facility protects your personal funds;
 - (2) a statement telling you that you may file a complaint with the facility or the New York State Department of Health concerning resident abuse, neglect, mistreatment and

misappropriation of your property in the facility (This statement must include the name, address and telephone number of the office established by the New York State Department of Health to receive complaints and of the New York State Office for the Aging Ombudsman Program.);

- record and periodically update the address and telephone number of your designated representative or interested family member;
- provide immediate access to you by:
 - (1) any representative of the U.S. Secretary of Health and Human Services;
 - (2) any representative of the New York State Department of Health;
 - (3) your own doctor;
 - (4) Ombudsmen who are duly certified and designated by the New York State Office for the Aging;
 - (5) Representatives of the New York State Commission on Quality of Care for the Mentally Disabled (which protects and advocates for developmentally disabled individuals and mentally ill individuals); and
 - (6) other individuals who are visiting, with your consent, subject to reasonable restrictions and your right to deny or withdraw consent at any time;
- provide reasonable access to you by an entity or individual that provides health, social, legal or other services, subject to your right to deny or withdraw consent at any time;
- encourage your voluntary choice of activities and assist you in the participation of all social activities in which you wish to engage by:
 - (1) transporting you to and from in-house activities as needed;

- (2) encouraging you to participate in and helping maintain your involvement in community, religious and/or social activities including the organization of trips outside the facility;
- (3) providing you with a written copy of the monthly activities schedule (which also must be posted);

Resident Council

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

Access to Information

- promptly notify you when there is:
 - (1) a change in your room assignment - You requested or agreed to the change, your medical condition requires a more immediate change (such as the use of restraints), an emergency situation develops or there is a need to alter your treatment significantly. Then, you must be immediately informed, your doctor consulted and your

- designated representative or an interested family member notified.);
- (2) a change in roommate assignment (This must be acceptable, where possible, to all affected residents.);
 - (3) a change in resident rights under federal or state law or regulations as specified in the Official Compilation of Codes, Rules and Regulations of the State of New York;
- inform you of the facility's visiting hour policies, which are to be in compliance with the New York State Department of Health mandates for residential health care facilities (at least 10 hours within a 24-hour period, including at least two meal periods) and which must be posted.

Grievances

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

Privacy

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

- provide a lockable drawer and/or locked storage area (upon your request) in your room or within your immediate area. Staff should help you store your possessions.

Food/Nutrition

- provide kosher food or food products prepared in accordance with orthodox Jewish religious requirements when, as a matter of religious belief, you wish to observe Jewish dietary laws;
- offer, if you refuse food that is served, substitutes of similar nutritive value;
- provide assistance with eating and special eating equipment or assistive devices and utensils if needed.

Work/Services

accept your request to perform services, when work is available, under the following conditions:

- you must make your request known to the facility staff, nursing staff or doctor;
- your need or desire for work must be documented in your plan of care, along with the nature of the services to be performed, whether or not you are deemed able to safely perform the work described, whether or not you will be compensated for your services, whether or not you have signed the work arrangement described in your plan of care, showing your agreement with it;
- you must be compensated for your work at or above the prevailing rate for like services.

Clinical Care and Treatment

Resident Rights

You have the right to:

- adequate and appropriate medical care, including nursing, rehabilitation therapies, social work, dental and other professional services for which you have been assessed to show need;

- be fully informed by a doctor in a language or a form that you can understand (using an interpreter when necessary) of your total health status, including but not limited to your medical condition including diagnosis, prognosis and treatment plan;
- ask questions about your medical condition and have the questions answered;
- refuse to participate in experimental research;
- a second opinion if you disagree with the diagnosis or treatment being provided; you or your designated representative may call in a consultant (You may have to pay for this visit.);
- appoint someone you trust, such as a family member or close friend, to be your health care agent to decide about treatment if you lose the ability to decide for yourself;
- provide advance directives, such as a Healthcare Proxy or other verbal or written instructions, about important health care decisions, like the withdrawal of life-sustaining treatment;
- refuse medication and treatment and discharge yourself from the facility should you so choose, after being fully informed and understanding the probable consequences of such actions;
- choose a personal attending doctor from among those who agree to abide by all applicable federal and state regulations and who are permitted to practice in the facility;
- be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect your well-being;
- participate in planning your care and treatment or changes in your care and treatment;
- self-administer drugs only if the facility's interdisciplinary medical team has determined that this practice is safe.

Facility Responsibility

The facility must:

- use chemical and physical restraints only if necessary for medical reasons and ordered by your doctor and except in an emergency situation, obtain your consent or the consent of your designated representative who has legal authority to give such consent;

- inform you of the name, office address, telephone number and specialty of the doctor responsible for your personal care;
- inform you prior to admission that your doctor or dentist must be affiliated with the facility in order to practice there;
- promptly respond to requests by your personal attending doctors or dentists to be approved to attend to you;
- inform you (except in a medical emergency) immediately and consult your physician and designated representative or an interested family member when there is:
 - (1) an accident involving you that results in injury;
 - (2) a significant improvement in your physical, mental or psychosocial status, in accordance with generally accepted standards of care and services;
 - (3) a need to alter treatment significantly;
 - (4) a decision to transfer or discharge you from the facility;
- discharge you from the facility, should you so choose, after fully informing you of the probable consequences of such action;
- provide you with information, a Health Care Proxy form and assistance to decide about advance directives and designation of a health care agency;
- provide you with all information you may need to give informed consent for a "Do Not Resuscitate" order and comply with the New York State provisions regarding orders not to resuscitate;
- furnish to you, upon your request, a copy of the New York State Department of Health brochure entitled "Do Not Resuscitate Orders: A Guide for Patients and Families."

Privacy and Confidentiality

Resident Rights

You have the right to:

- privacy and confidentiality of your personal and clinical records which reflect accommodations, medical treatment, written and telephone communications, personal care, associations and

communications with people of your choice, visits and meetings of family and resident groups;

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

Facility Responsibility

The facility must:

- ensure that you have privacy in accommodations, medical treatment, personal care, visits and meetings of family, friends and resident groups;
- ensure that your mail is delivered to you unopened and that it is sent out unopened;
- provide you, upon your request, with stationery, postage and writing materials (to be paid for by you) and assist you in reading or writing mail if you so request;
- provide you, upon your request, with access to a telephone (and assist you in its use) that is private and, if necessary, wheelchair accessible and equipped for the hearing impaired or the visually impaired;
- instruct all staff and assure that all staff adhere to its instructions to fully honor and maintain your right to approve or refuse to approve release of your personal and clinical records to any outside individual;
- instruct all staff involved in your care to maintain your personal and clinical record in the strictest privacy. Staff must restrict discussion of your medical, mental and psychosocial problems to appropriate forums, only, for example, at facility

interdisciplinary care team conferences or unit conferences. Staff must not discuss or otherwise divulge your medical, mental and psychosocial problems with any other resident, even though discussion may be initiated by the other resident.

Finances

Resident Rights

You have the right to:

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

Facility Responsibility

The facility must:

- provide the following information to you if you are entitled to Medicaid benefits:
 - (1) a list of the items and services included in nursing home services under the New York State plan and for which you may not be charged (see glossary for included services);
 - (2) a list of any other items and services that the facility offers and for which you may be charged, and the amount of charges for those items and services (The facility must

inform you when changes are made in these lists.);

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

- if you are a private pay resident, give you a 30-day notice for any change in rate and, if you request, provide you with documentation explaining any additional charges.

Transfer and Discharge

Resident Rights

You have the right to:

- be notified before transfer or discharge;
- file an appeal to the state in response to an involuntary transfer or discharge;
- examine your own medical records;
- a pre-transfer on-site appeal determination under the auspices of the New York State Department of Health, provided that you appealed the transfer or discharge within 15 days of the notice, except in cases involving imminent danger to others;
- remain in the facility pending the appeal determination;
- a post-transfer hearing within 30 days of transfer if you did not request a hearing prior to transfer;
- return to the first available bed in the facility if you win the appeal;
- the name, address and telephone number of the state long term care ombudsman and the State Commission on Quality of Care for the Mentally Disabled;
- a bed hold or readmission after hospitalization, pursuant to facility policy and law;
- a bed hold if you have been involuntarily transferred until after the appeal decision is reached.

Facility Responsibility

The facility may transfer or discharge you:

- only after the interdisciplinary care team, in consultation with you, determines:
 - (1) that the transfer or discharge is necessary for your welfare and your needs cannot be met after reasonable attempts at accommodation at the facility;

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

The facility must:

- inform you and your designated representative verbally and in writing about bed reservation and readmission regulations at the time of your admission to the facility and again at the time of your transfer for any reason and/or for therapeutic leave;
- readmit you, if you have been in residence at least 30 days, as soon as the first bed becomes available in a semi-private room if you were hospitalized, transferred or discharged on therapeutic leave without being given a bed hold when you require the services provided by the facility and are eligible for Medicaid;
- completely document in your clinical records the reasons for the move when the facility transfers or discharges you;
- before the facility transfers or discharges you, it must notify you and a family member or designated representative both

- verbally and in writing (in a language and manner you understand) of the transfer or discharge and the reasons for it;
- include in its written notice of transfer or discharge to you the following:
 - (1) a statement about your right to appeal to the State Department of Health, including the telephone number for the department that can initiate an appeal;
 - (2) the name, address and telephone number of the State Long Term Care Ombudsman;
 - (3) if you are mentally ill or developmentally disabled, the mailing address and telephone number of the Commission on Quality of Care for the Mentally Disabled, the agency that can advocate for you;
 - provide its notice of transfer or discharge to you at least 30 days prior to the date of transfer or discharge or, provide its notice to you as soon as practicable before transfer or discharge when:
 - (1) the health or safety of individuals in the facility would be endangered;
 - (2) your health improves sufficiently to allow a more immediate transfer or discharge;
 - (3) an immediate transfer or discharge is required by your urgent medical needs; or
 - (4) the transfer or discharge is made in compliance with your request;
 - provide sufficient preparation and orientation to you to ensure safe and orderly transfer or discharge from the facility, including an opportunity for you to participate in deciding where to go;
 - assist you in appealing a transfer or discharge by:
 - (1) seeing to it that you contact the appropriate state agency;
 - (2) calling upon your doctor and the facility staff to help you in examining and reviewing your medical records;
 - (3) making certain that the on-site pretransfer/predischarge

appeal determination is held (This on-site determination is held provided that you have appealed the transfer or discharge within 15 days of the notice, except in cases involving imminent danger to others in the facility.);

- prove that the transfer was necessary and the discharge plan appropriate;
- cooperate with the presiding officer of the appeal determination to obtain medical and psychosocial consultations. While you remain in the facility, the New York State Department of Health conducts a review and renders a decision on the appeal within 15 days of the request. If an appeal decision rendered after discharge finds the transfer or discharge to be inappropriate, the facility must readmit you prior to admitting any other person. The facility may arrange an involuntary transfer before a hearing in cases involving imminent danger to others in the facility. In these cases, the facility must hold your bed until after the hearing decision has been rendered, as required by New York State law. If the transfer is found to be appropriate and you are a private pay resident, you may be charged for the time the bed was held. If the transfer is found to be inappropriate, the facility must readmit you to your bed on a priority basis.

Glossary

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

Basic Services - Those services included in the daily rate. At the time of admission, a written copy of the following description of basic services should be made available to all residents:

- the daily, weekly or monthly rate;
- board, including therapeutic or modified diets, as prescribed by a doctor;

- lodging -a clean, healthful, sheltered environment, properly outfitted;
- 24 hour-per-day nursing care;
- the use of all equipment, medical supplies and modalities used in the care of nursing home residents, including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, etc.;
- fresh bed linen, as required, changed at least twice weekly, including sufficient quantities of necessary bed linen or appropriate substitutes changed as often as required for incontinent residents;
- hospital gowns or pajamas as required by the clinical condition of the resident, unless the resident, family member or designated representative elects to furnish them, and laundry services for these and other launderable personal clothing items;
- general household medicine cabinet supplies, including but not limited to nonprescription medications, materials for routine skin care, oral hygiene, care of hair, etc., except when specific items are medically indicated and prescribed for exceptional use for a specific resident;
- assistance and/or supervision, when required, with activities of daily living, including but not limited to toileting, bathing, feeding and assistance with getting from place to place;
- services, in the daily performance of their assigned duties, by members of the nursing home staff concerned with resident care;
- use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, including training in their use when necessary, unless such item is prescribed by a doctor for regular and sole use by a specific resident;
- activities program, including but not limited to a planned schedule of recreational, motivational, social and other activities together with the necessary materials and supplies to make the resident's life more meaningful;
- social services as needed;
- physical therapy, occupational therapy, speech pathology services, audiology services and dental services, on either a staff or fee-for-services basis- as prescribed by a doctor, administered by or under the direct supervision of a licensed

and currently registered physical therapist, occupational therapist, speech pathologist, qualified audiologist or registered dentist.

Designated Representative - The individual or individuals designated to receive information and to assist and/or act on behalf of a particular resident to the extent permitted by New York State law. This is not the same as a health care agent. The designation occurs by a court of law if sought; by the resident if he or she has the capacity to make such a designation; or by family members and other parties who have an interest in the well being of the resident. The name of the Designated Representative must be noted in the resident's clinical record at the facility.

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

Governing Body -The policy making body of the facility, the Board of Directors or trustees of the facility or the proprietor or proprietors of a nursing home.

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

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

Nursing Home - A facility (subject to Article 28 of the New York State Public Health Law) providing lodging for 24 or more consecutive hours to three or more nursing home residents who are not related to the facility operator by marriage or by blood, who

need regular nursing services or other professional services, but who do not need the services of a general hospital.

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

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

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

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

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

Pain Management Bill of Rights

You have the right to:

- Have your pain prevented or controlled adequately;
- Have your pain and pain medication history taken;
- Have your pain questions answered freely;
- Develop a pain treatment plan with your doctor;
- Know what medication, treatment or anesthesia will be given;
- Know the risks, benefits and side effects of treatment;
- Know what alternative pain treatment may be available;
- Sign a statement of informed consent before any treatment;
- Be believed when you say you have pain;
- Have your pain assessed on an individual basis;
- Have your pain assessed using the 0 = no pain, 10 = worse pain scale;
- Ask for changes in treatments if your pain persists;
- Receive compassionate and sympathetic care;
- Receive pain medication on a timely basis;
- Refuse treatment without prejudice from your doctor;
- Seek a second opinion or request a pain-care specialist;
- Be given your records on request;
- Include your family in decision making;
- Remind those who care for you that your pain management is part of your diagnostic, medical or surgical care.

Jane Cowles, Ph.D., adapted from her book "Pain Relief" (Master Media, 1994)

Myths and Misunderstandings About Pain in Seniors

- Pain is an inevitable part of aging and cannot be helped
- To acknowledge pain is a sign of weakness
- Pain is a punishment for past actions
- Chronic pain means that death is near
- Chronic pain is always a sign of a serious disease
- Acknowledging pain will mean difficult and possibly painful tests
- The elderly have a higher tolerance for pain
- The cognitively impaired cannot be accurately assessed for pain
- People in long-term care say they are in pain to get attention
- Elderly patients are likely to become addicted to pain medications

Adapted from American Medical Directors Association Clinical Practice Guideline, "Pain Management in the Long-Term Care Setting", 2003. Ten Myths About Pain in Seniors

Medication Reconciliation

Upon initial admission, a review of the medications the new resident took at home, including both prescription and non-prescription medications and herbal remedies, vitamins, etc., is documented on the Home Medication Reconciliation form and placed on the resident's chart.

Resident Responsibilities

In addition to Rights, I realize that to the best of my ability and knowledge, I have the following responsibilities:

- Provide financial information requested by the organization including insurance and documentation;
- Verbalize understanding about my treatment and health problems and participate in health care planning;
- Discuss my issues/concerns with the physician and health care team at appropriate forums such as CCP meetings;
- Report any changes in my condition to the physician or health care professional;
- Understand that it might be necessary to relocate to another bed or nursing floor based on my medical needs or the medical needs of others, which may include giving up a private room temporarily in the case of a medical emergency;
- Provide accurate information about my past illness or hospitalization;
- Follow the treatment plan developed by my physician and cooperate with the physician and health care team;
- Show respect and consideration for the rights of fellow residents and staff, respecting their need for quiet and privacy;
- Adhere to smoking policy;
- Appoint someone I trust to be my health care agent and provide advance directives such as a Health Care Proxy, DNR;
- Cooperate with financial arrangements for payment of stay and fulfill all financial obligations to Isabella promptly;
- Secure valuables, especially cash, in locked drawer in room;
- Observe all existing administrative policies and comply with any new amendments or new policies which may be implemented in the future;
- Clarify any questions or concerns with my social worker.

Resident Grievance Procedure

The staff of Isabella Geriatric Center attempts to provide an optimal environment for residents, it is expected that residents may have suggestions or complaints of an environmental, physical or personal nature.

The Isabella Geriatric Center Resident Council By-Laws state as one of the purposes of the Council:

“To take such action as may be necessary to improve conditions within the Home and to take such other steps for this accomplishment as from time to time may seem advisable.”

Residents may utilize the Resident Council as a format for suggestions, complaints, and grievances. The Resident Council meets monthly, and has the names of representatives that can be spoken to posted on each floor. The Food Committee, and Entertainment Committee are two permanent committees of the council that channel related concerns to the Dietary and Recreation Departments appropriately. Regarding personal diets, if a resident wishes to discuss his/her own special diet, an appointment should be made with the Dietician.

An inquiry procedure regarding resident service or care has been established to address the concerns of residents, families, and/or designated representatives, and to respond in a timely manner. The complaint, recommendation or inquiry can be made orally or in writing. Staff that receives the complaint should listen, take appropriate action if possible, and then refer the issue to the proper individual or department. The resident, family and/or Designated Representative will be notified about the resolution of the complaint within seven working days.

In accordance with the New York State Resident Bill of Rights, included below are agencies that can be contacted directly by resident or family:

New York State Department of Health
Centralized Complaint Intake Program for Nursing Homes
161 Delaware Avenue

Delmar, New York 12054
www.health.state.ny.us
Hot Line Number: 1-888-201-4563

New York Ombudsman Program
11 Park Place, Suite 1111
New York, New York 10007
212-962-2720

For Medicare Eligible Residents:

In addition to your right to address complaints to the New York State Department of Health, if you are concerned about the quality of medical services you received or are receiving, you or your representative may also request in writing a Medicare Peer Review from:

Empire State Medical, Scientific and Educational Foundation, Inc.
(The Medicare Peer Review Organization for New York State)
420 Lakeville Road
Lake Success, New York 11042
or call:
800-331-PROS (7767)

Reporting Serious Violations

Patients and Visitors

Are you aware of any instances of physical abuse, mistreatment or neglect of patients in this facility? Or unsafe or unsanitary conditions? If so, you are encouraged to report these conditions to this facility's administrator and to the New York State Department of Health.

Employees and Licensed Health Professionals

You are required by New York State Public Health Law, Section 2803-d, to report any instance of patient physical abuse, mistreatment or neglect to the New York State Department of Health. Call the Patient Care Hotline. A copy of the law and applicable regulations are available from this facility's administrator.

Patient Care Hotline

The Patient Care Hotline may be used 24 hours a day, seven days a week, to report nursing home situations requiring immediate action.

888-201-4563

Privacy Act Statement Health Care Records

THIS PROVIDES YOU THE ADVICE REQUIRED BY THE PRIVACY ACT OF 1974. THIS 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 and whether disclosure is mandatory or voluntary.

Sections 1819(f), 1919(f), 1819(b)(3)(A), 1919(b)(3)(A), and 1864 of the Social Security Act. Medicare and Medicaid participating long term care facilities are required to conduct comprehensive, accurate, standardized and reproducible assessments of each resident's functional capacity and health status To Implement this requirement, the facility must obtain information from every resident This information also is used by the Federal Health Care Financing Administration (HCFA) to ensure that the facility meets quality standards and provides appropriate care to all residents For this purpose, as of June 22, 1998, all such facilities are required to establish a database of resident assessment information, and to electronically transmit this information to the HCFA contractor in the State government, which in turn transmits the Information to HCFA.

Because the law requires disclosure of this information to Federal and State sources as discussed above, a resident does not have the right to refuse consent to these disclosures.

These data are protected under the requirements of the Federal Privacy Act of 1974 and the MDS Long Term Care System of Records.

2. Principal purposes for which information is intended to be used.

The information will be used to track changes in health and functional status over time for purposes of evaluation and improving the quality of care provided by nursing homes that participate in Medicare or Medicaid Submission of MDS information

may also be necessary for the nursing homes to receive reimbursement for Medicare services.

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 (L TC MDS) system of records, System No 09-70-1516 Information from this system may be disclosed, under specific circumstances, to (1) a congressional office from the record of an individual in response to an inquiry from the congressional made at the request of that individual; (2) the Federal Bureau of Census; (3) the Federal Department of Justice; (4) an individual or organization for a research, evaluation or epidemiological project related to the prevention of disease or disability, or the restoration of health; (5) contractors working for HCFA to carry out Medicare/Medicaid functions, collating or analyzing data, or to detect fraud or abuse; (6) an agency of a State government for purposes of determining, evaluating and/or assessing overall or aggregate cost, effectiveness, and/or quality of health care services provided in the State; (7) another Federal statute that implements a health benefits program funded in whole or in part with Federal funds or to detect fraud or abuse; (8) Peer Review Organizations to perform Title XI or Title XVIII functions, (9) another entity that makes payment for or oversees administration of health care services for preventing fraud or abuse under specific conditions.

4. Effect on individual of not providing information

The information contained in the Long Term Care Minimum Data Set is generally necessary for the facility to provide appropriate and effective care to each resident. If a resident fails to provide such information, for example on medical history, inappropriate and potentially harmful care may result. Moreover, payment for such services by third parties, including Medicare and Medicaid, may not be available unless the facility has sufficient information to identify the individual and support a claim for payment.

NOTE: Providers may request to have the Resident or his or her Representative sign a copy of this notice as a means to document that notice was provided. Signature is NOT required. If the resident or his or her Representative agrees to sign the form it merely acknowledges that they have been advised of the foregoing information. Residents or their Representative must be supplied with a copy of the notice. This may be included in the admission packet for all new nursing home admissions.

NOTICE OF PRIVACY PRACTICES

Effective Date: April 14, 2003

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.

We are required by law to protect the privacy of health information that may reveal your identity, and to provide you with a copy of this notice which describes the health information privacy practices of Isabella Geriatric Center and its staff. A copy of our current notice will always be posted in Admissions and Social Services. You will also be able to obtain your own copy by calling Social Services at (212) 342-9451 or by asking your social worker.

If you have any questions about this notice or would like further information, please contact our Privacy Officer, Ellen Parish at (877) 342-9533.

WHAT HEALTH INFORMATION IS PROTECTED

We are committed to protecting the privacy of information we gather about you while providing you with health care. Some examples of protected health information are:

- information indicating that you are a resident or receiving treatment or other health-related services from us;
- information about your health condition (such as a disease you may have);
- information about health care products or services you have received or may receive in the future (such as an operation or a CT scan); or
- information about your health care benefits under an insurance plan (such as whether a prescription is covered);

when combined with:

- demographic information (such as your name, address, or insurance status);
- unique numbers that may identify you (such as your social security number, your phone number, or your driver's license number); or
- other types of information that may identify who you are.

REQUIRED PERMISSIONS TO USE AND DISCLOSE YOUR PROTECTED HEALTH INFORMATION

We will obtain a one-time general written consent to use and disclose your health information in order to treat you, obtain payment for that treatment, and conduct our business operations. This general written consent will be obtained the first time we provide you with treatment or services. This general written consent is a broad permission that does not have to be repeated each time we provide treatment or services to you.

We will generally obtain your written authorization before using your health information or sharing it with others outside of our facility. You may also ask that we transfer your records to another person by completing a written authorization form. If you provide us with

written authorization, you may revoke that written authorization at any time, except to the extent that we have already relied upon it or taken action to do what you asked us to do. To revoke a written authorization, please contact your social worker.

HOW WE MAY USE AND DISCLOSE YOUR HEALTH INFORMATION

1. Treatment, Payment and Business Operations

With your general written consent, we may use your health information or share it with others in order to treat your condition, obtain payment for that treatment, and run our business operations. In some cases, we may also disclose your health information for payment activities and certain business operations of another health care provider or payor. Below are further examples of how your information may be used and disclosed for these purposes.

Treatment. The doctors, nurses and other staff of our facility may share your health information with each other for the purpose of treating you. A doctor from our facility may also share your health information with a doctor outside to determine how best to diagnose or treat you. Your doctor may also share your health information with another provider to whom you have been referred for further health care.

Payment. We may use your health information or share it with others so that we can get payment for your health care services. For example, we may share information about you with your health insurance company in order to obtain reimbursement after we have treated you, or to determine whether it will cover your treatment. We might also need to inform your health insurance company about your health condition in order to obtain pre-approval for your treatment, such as admitting you to a hospital for a particular type of surgery. Finally, we may share your information with other health care providers who have treated you so that they also can have accurate information to seek payment from your health insurance company or managed care plan.

Business Operations. We may use your health information or share it with others in order to conduct our business operations. For example, we may use your health information to evaluate the performance of our staff in caring for you, or to educate our staff on how to improve the care they provide for you. Finally, we may share your health information with other health care providers and with your health insurance company or managed care plan for certain of their business operations if the information is related to a relationship the provider or payor currently has or previously had with you, and if the provider or payor is required by federal law to protect the privacy of your health information.

Treatment Alternatives. Benefits and Services. In the course of providing treatment to you, we may use your health information in order to recommend possible treatment alternatives or health-related benefits and services that may be of interest to you.

Fundraising. To help raise money in support of our operations, we may use demographic information about you, including information about your age, gender, and where you lived or worked and the dates that you received treatment. You therefore may receive fundraising appeals from us.

Business Associates. We may disclose your health information to our contractors, agents and other business associates who need the information in order to assist us with obtaining payment or carrying out our business operations. For example, we may share your health information with a billing company that helps us to obtain payment from your insurance company. Another example is that we may share your health information with an accounting firm or law firm that provides professional advice to us about how to improve our health care services and comply with the law. If we do disclose your health information to a business associate, we will have a written contract to ensure that our business associate also protects the privacy of your health information.

We can do all of these things if you have signed a general written consent form. Once you sign this general written consent form, it will be in effect indefinitely until you revoke your general written consent. You may revoke your general written consent at any time, except to the extent that we have already relied upon it. For

example, if we provide you with treatment before you revoke your general written consent, we may still share your health information with your insurance company in order to obtain payment for that treatment. To revoke your general written consent, please contact Social Services at (212) 342-9451.

2. Emergencies or Public Need

We may use your health information, and share it with others, in order to treat you in an emergency or to meet important public needs. We will not be required to obtain your general written consent before using or disclosing your information for these reasons. We will, however, obtain your written authorization for, or provide you with an opportunity to object to, the use and disclosure of your health information in these situations when state law specifically requires that we do so.

Emergencies. We may use or disclose your health information in order to treat you, to obtain payment for that treatment, and to conduct our business operations if you need emergency treatment or if we are required by law to treat you, but are unable to obtain your general written consent. If this happens, we will try to obtain your general written consent as soon as we reasonably can after we treat you.

Communication Barriers. We may use and disclose your health information in order to treat you, to obtain payment for that treatment, and to conduct our business operations if we are unable to obtain your general written consent because of substantial communication barriers, and we believe you would want us to treat you if we could communicate with you.

As Required By Law. We may use or disclose your health information if we are required by law to do so. We also will notify you of these uses and disclosures if notice is required by law.

Public Health Activities. We may disclose your health information to authorized public health officials (or a foreign government agency collaborating with such officials) so they may carry out their public health activities. For example, we may share your health information with government officials that are responsible for

controlling disease, injury or disability. We may also disclose your health information to a person who may have been exposed to a communicable disease or be at risk for contracting or spreading the disease if a law permits us to do so.

Victims of Abuse, Neglect or Domestic Violence. We may release your health information to a public health authority that is authorized to receive reports of abuse, neglect or domestic violence. For example, we may report your information to government officials if we reasonably believe that you have been a victim of such abuse, neglect or domestic violence. We will make every effort to obtain your permission before releasing this information, but in some cases we may be required or authorized to act without your permission.

Health Oversight Activities. We may release your health information to government agencies authorized to conduct audits, investigations and inspections of this facility and its staff. These government agencies monitor the operation of the health care system, government benefit programs, such as Medicare and Medicaid, and compliance with government regulatory programs and civil rights laws.

Product Monitoring, Repair and Recall. We may disclose your health information to a person or company that is regulated by the Food and Drug Administration for the purpose of: (1) reporting or tracking product defects or problems; (2) repairing, replacing, or recalling defective or dangerous products; or (3) monitoring the performance of a product after it has been approved for use by the general public.

Lawsuits and Disputes. We may disclose your health information if we are ordered to do so by a court or administrative tribunal that is handling a lawsuit or other dispute.

Law Enforcement. We may disclose your health information to law enforcement officials for the following reasons:

- To comply with court orders or laws that we are required to follow;

- To assist law enforcement officers with identifying or locating a suspect, fugitive, witness, or missing person;
- If you have been the victim of a crime and we determine that: (1) we have been unable to obtain your agreement because of an emergency or your incapacity; (2) law enforcement officials need this information immediately to carry out their law enforcement duties; and (3) in our professional judgment disclosure to these officers is in your best interests;
- If we suspect that your death resulted from criminal conduct;
- If necessary, to report a crime that occurred on our property; or
- If necessary, to report a crime discovered during an offsite medical emergency (for example, by emergency medical technicians at the scene of a crime).

To Avert a Serious and Imminent Threat to Health or Safety. We may use your health information or share it with others when necessary to prevent a serious and imminent threat to your health or safety, or the health or safety of another person or the public. In such cases, we will only share your information with someone able to help prevent the threat. We may also disclose your health information to law enforcement officers if you tell us that you participated in a violent crime that may have caused serious physical harm to another person (unless you admitted that fact while in counseling), or if we determine that you escaped from lawful custody (such as a prison or mental health institution).

National Security and Intelligence Activities or Protective Services. We may disclose your health information to authorized federal officials who are conducting national security and intelligence activities or providing protective services to the President or other important officials.

Military and Veterans. If you are in the Armed Forces, we may disclose health information about you to appropriate military command authorities for activities they deem necessary to carry out their military mission. We may also release health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may disclose your health information for workers' compensation or similar programs that provide benefits for work-related injuries.

Coroners, Medical Examiners, and Funeral Directors. In the event of your death, we may disclose your health information to a coroner or medical examiner. This may be necessary, for example, to determine the cause of death. We may also release this information to funeral directors as necessary to carry out their duties.

Organ and Tissue Donation. In the event of your death, we may disclose your health information to organizations that procure or store organs, eyes, or other tissues so that these organizations may investigate whether donation or transplantation is possible under applicable laws.

Research. In most cases, we will ask for your written authorization before using your health information or sharing it with others in order to conduct research. However, under some circumstances, we may use and disclose your health information for research without your written authorization if we obtain approval through a special process to ensure that research without your written authorization poses minimal risk to your privacy. Under no circumstances, however, would we allow researchers to use your name or identity publicly. We may also release your health information without your written authorization to people who are preparing a future research project, so long as any information identifying you does not leave our facility. In the event of your death, we may share your health information with people who are conducting research using the information of deceased persons, as long as they agree not to remove from our facility any information that identifies you.

3. Incidental Disclosures

While we will take reasonable steps to safeguard the privacy of your health information, certain disclosures of your health information may occur during or as an unavoidable result of our otherwise permissible uses or disclosures of your health information. For example, during the course of your stay, other residents may see, or overhear discussion of, your health information.

YOUR RIGHTS TO ACCESS AND CONTROL YOUR HEALTH INFORMATION

We want you to know that you have the following rights to access and control your health information. These rights are important because they will help you make sure that the health information we have about you is accurate. They may also help you control the way we use your information and share it with others, or the way we communicate with you about your medical matters.

1. Right to Inspect and Copy Records

You have the right to inspect and obtain a copy of any of your health information that may be used to make decisions about you and your treatment for as long as we maintain this information in our records. This includes medical and billing records. To inspect or obtain a copy of your health information, please ask your social worker. If you request a copy of the information, we may charge a fee for the costs of copying, mailing or other supplies we use to fulfill your request. The standard fee is \$0.75 per page and must generally be paid before or at the time we give the copies to you.

We will respond to your request for inspection of records within 10 days. We ordinarily will respond to requests for copies within 30 days if the information is located on site and within 60 days if it is located off-site. If we need additional time to respond to a request for copies, we will notify you in writing within the timeframe above to explain the reason for the delay and when you can expect to have a final answer to your request.

Under certain very limited circumstances, we may deny your request to inspect or obtain a copy of your information. If we do, we will provide you with a summary of the information instead. We will also provide a written notice that explains our reasons for providing only a summary, and a complete description of your rights to have that decision reviewed and how you can exercise those rights. The notice will also include information on how to file a complaint about these issues with us or with the Secretary of the Department of Health and Human Services. If we have reason to deny only part of your request, we will provide complete access to the remaining

parts after excluding the information we cannot let you inspect or copy.

2. Right to Amend Records

If you believe that the health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept in our records. To request an amendment, please write to Health Information Manager, Isabella Geriatric Center, 515 Audubon Avenue, New York, New York 10040. Your request should include the reason(s) why you think we should make the amendment. Ordinarily we will respond to your request within 60 days. If we need additional time to respond, we will notify you in writing within 60 days to explain the reason for the delay and when you can expect to have a final answer to your request.

If we deny part or all of your request, we will provide a written notice that explains our reasons for doing so. You will have the right to have certain information related to your requested amendment included in your records. For example, if you disagree with our decision, you will have an opportunity to submit a statement explaining your disagreement which we will include in your records. We will also include information on how to file a complaint with us or with the Secretary of the Department of Health and Human Services. These procedures will be explained in more detail in any written denial notice we send you.

3. Right to an Accounting of Disclosures

After April 14, 2003, you have the right to request an “accounting of disclosures” which identifies certain other persons or organizations to whom we have disclosed your health information in accordance with applicable law and the protections afforded in this Notice of Privacy Practices. An accounting of disclosures does not describe the ways that your health information has been shared between health care providers at our facility or with other outside health care providers, as long as all other protections described in this Notice of Privacy Practices have been followed (such as obtaining the required approvals before sharing your health information for research purposes).

An accounting of disclosures also does not include information about the following disclosures:

- Disclosures we made to you or your personal representative;
- Disclosures we made pursuant to your written authorization;
- Disclosures we made for treatment, payment or business operations;
- Disclosures made to your friends and family involved in your care or payment for your care;
- Disclosures that were incidental to permissible uses and disclosures of your health information (for example, when information is overheard by another resident passing by);
- Disclosures for purposes of research, public health or our business operations of limited portions of your health information that do not directly identify you;
- Disclosures made to federal officials for national security and intelligence activities;
- Disclosures about inmates to correctional institutions or law enforcement officers; and
- Disclosures made before April 14, 2003.

To request an accounting of disclosures, please write to Health Information Manager, Isabella Geriatric Center, 515 Audubon Avenue, New York, New York 10040. Your request must state a time period within the past six years (but after April 14, 2003) for the disclosures you want us to include. For example, you may request a list of the disclosures that we made between January 1, 2004 and January 1, 2005. You have the right to receive one accounting within every 12-month period free. However, we may charge you for the cost of providing any additional accounting in that same 12-month period. We will always notify you of any cost involved so that you may choose to withdraw or modify your request before any costs are incurred.

Ordinarily we will respond to your request for an accounting with 60 days. If we need additional time to prepare the accounting you have requested, we will notify you in writing about the reason for the delay and the date when you can expect to receive the accounting. In rare cases, we may have to delay providing you with the

accounting without notifying you because a law enforcement official or government agency has asked us to do so.

4. Right to Request Additional Privacy Protections

You have the right to request that we further restrict the way we use and disclose your health information to treat your condition, collect payment for that treatment, or run our business operations. You may also request that we limit how we disclose information about you to family or friends involved in your care or payment for your care. For example, you could request that we not disclose information about a surgery you had. To request restrictions, please speak with your social worker. Your request should include (1) what information you want to limit; (2) whether you want to limit how we use the information, how we share it with others, or both; and (3) to whom you want the limits to apply.

We are not required to agree to your request for a restriction, and in some cases the restriction you request may not be permitted under law. *However, if we do agree, we will be bound by our agreement unless the information is needed to provide you with emergency treatment or comply with the law.* Once we have agreed to a restriction, you have the right to revoke the restriction at any time. Under some circumstances, we will also have the right to revoke the restriction as long as we notify you before doing so; in other cases, we will need your permission before we can revoke the restriction.

5. Right to Request Confidential Communications

You have the right to request that we communicate with you about your medical matters in a more confidential way by requesting that we communicate with you by alternative means or at alternative locations. To request more confidential communications, please speak with your social worker. *We will not ask you the reason for your request, and we will try to accommodate all reasonable requests.* Please specify in your request how or where you wish to be contacted, and how payment for your health care will be handled if we communicate with you through this alternative method or location.

6. Right to Have Someone Act on Your Behalf

You have the right to name a personal representative who may act on your behalf to control the privacy of your health information. Parents and guardians will generally have the right to control the privacy of health information about minors unless the minors are permitted by law to act on their own behalf.

7. Right to Obtain a Copy of Notices

If this notice is provided electronically, you have the right to a paper copy of this notice, which you may request at any time. To do so, please ask your social worker. We may change our privacy practices from time to time. If we do, we will revise this notice so you will have an accurate summary of our practices. We will post any revised notice in Admissions/Social Services. You will also be able to obtain your own copy of the revised notice. The effective date of the notice will always be noted in the top right corner of the first page. We are required to abide by the terms of the notice that is currently in effect.

8. Right to File a Complaint

If you believe your privacy rights have been violated, you may file a complaint with us or with the Secretary of the Department of Health and Human Services. To file a complaint with us, please contact our Privacy Office – Ellen Parish, Isabella Geriatric Center, 515 Audubon Avenue, New York, New York 10040 – (877) 342-9533. *No one will retaliate or take action against you for filing a complaint.*

9. How to Learn About Special Protections for HIV, Alcohol and Substance Abuse, Mental Health, and Genetic Information

Special privacy protections apply to HIV/AIDS-related information, mental health information and psychotherapy notes. Some parts of this general Notice of Privacy Practices may not apply to these types of information. To request a Notice of Privacy Practices that pertains to those types of health information, please contact your social worker.

Resident Financial Services

Medicare & Medicaid Programs

This Facility participates in both Medicare and Medicaid. Our policies include:

We will inform each resident who is entitled to receive Medicaid benefits, in writing, at the time of admission or when he or she becomes eligible for Medicaid of each of the following:

The items and services that are included in nursing facility services under our state's Medicaid plan; and

Those other items and services we offer which are not covered under the Medicaid program and for which a separate charge will be made to the resident.

On request, we will provide any resident with information concerning how to apply for and use Medicare and Medicaid benefits, including how to receive refunds for previous payments covered by such programs. Inquiries should be made in our Finance office located on the first floor of the 515 building.

We will not discriminate for or against any resident or potential resident based on Medicare or Medicaid eligibility. Nor will we require residents or potential residents to waive participation in Medicare or Medicaid or give oral or written assurance that they are not eligible for or will not apply for Medicare or Medicaid benefits.

*Part 415 Nursing Homes (Public Health Law)
Financial Rights 415.3(g) (2)(iv)*

Medicare & Medicaid Frequently Asked questions

Medicare

Medicare is a national health insurance program for people over 65 years of age or older and certain younger disabled people. Medicare is run by CMS (Centers for Medicare and Medicaid Services). The Social Security Administration helps CMS by enrolling people in Medicare and collecting Medicare premiums out of your Social Security check. There are two parts of Medicare coverage, Part A and Part B.

- Part A coverage helps pay for care in a hospital, skilled nursing facility, some home health care and hospice care.
- Part B coverage helps pay for doctor bills, outpatient hospital care, and some other services not covered under Part A.

Skilled Nursing Facility Care:

Medicare Part A can help to pay for up to 100 days of skilled care in a skilled nursing facility during a benefit period if you fit the criteria. All covered services for the first 20 days of care are fully paid by Medicare. Medicare pays for the remaining 80 days, except for a daily co-insurance rate. Medicare, not Isabella, sets this rate. You are responsible for the co-insurance. Some insurance policies do cover the Medicare co-insurance and require pre-authorization by them. We will be happy to assist you in verifying coverage, and getting pre-authorization, but ultimately you are responsible for those charges. It is extremely important that you notify us of any insurance you may have, or any changes in your insurance.

Medicare will not pay for your stay if the services you are receiving are primarily “custodial” or personal such as walking, getting in and out of bed, eating, dressing, bathing and taking medicine, this is not considered “skilled care” for the purposes of qualifying for Medicare.

To qualify for Medicare-covered skilled nursing facility (SNF) benefits, you must:

- Require daily skilled care, which as a practical matter, can only be provided in a skilled nursing facility on an inpatient basis.
- Be in a hospital for at least three consecutive days (not counting the day of discharge) before entering a skilled nursing facility.
- Be admitted to the skilled nursing facility for the same condition for which you were treated in the hospital.
- Generally, be admitted to the facility within 30 days of your discharge from the hospital.
- Be certified by a medical professional as needing skilled nursing or skilled rehabilitation services on a daily basis.

Medicaid

Medicaid is a publicly funded program providing both medical and skilled nursing coverage, if you qualify. In order to qualify for Medicaid, you must have limited assets. Medicaid sets the asset limit yearly. Most residents are required to pay a portion of the cost of their care in a skilled nursing facility. This payment is made up of a resident's monthly Social Security and Pension checks. Resident's may retain a nominal amount, usually \$50.00, which is set by Medicaid, for personal needs.

We will provide you with assistance in applying for Medicaid benefits. Every resident has a personal financial coordinator who is assigned to ease you through this process. It is still, however, your responsibility to provide all the necessary documentation needed to apply for Medicaid. Medicaid requires full disclosure of all your finances for the past three years. This includes both open and closed bank accounts, individual retirement accounts (IRA's), investments, etc.

Special rules apply to married residents to assist the spouse in the community with maintaining your household.

HMO Insurance

Isabella is contracted with several HMO's as an in network provider. You are responsible for meeting your HMO's criteria for coverage. Your HMO and their case managers determine how long they will cover your stay with us. It is not a determination made by Isabella. Any and all charges not covered by your insurance company are your responsibility.

If you do not have any assets to pay for your care, we will assist you in applying for Medicaid benefits.

Private

If your assets are above the Medicaid limit, you will have to use your resources to pay for your care. It is important for you to advise us three months ahead of time when your assets will fall within the Medicaid limit so that we may begin the process of applying for Medicaid.

If you think you have insurance that will pay for Skilled Nursing Care (catastrophic), please advise us. You are responsible for meeting the company's pre-authorization requirements. You are still responsible for paying your bill in a timely manner. We will assist you with any claim forms so that you may be reimbursed for the cost of your care.

Your financial coordinator is specially trained to help you. We can answer any of your questions, and address all of your concerns. We understand that this is a difficult and confusing time and we are here to assist you.

Your social worker will make an appointment with your financial coordinator on the day of admission. If that is not possible, you will receive a letter of introduction from your financial coordinator shortly after your admission. Please call and set up an appointment so we can begin assisting you early in the process.

If you have any questions, please feel free to call us at (212) 342-9328.

The Resident's Financial Obligations While in the Nursing Home

The Resident or His/Her Responsible Party are responsible for ensuring that all payment obligations under the Admission Agreement are met from the Resident's assets and to cooperate in obtaining Medicaid coverage if necessary to meet the Resident's obligations once all other payment sources are applied and exhausted.

The Resident agrees to the release of any personal or clinical information to the extent necessary to file claims with Medicare, Medicaid or third party insurers for the related services furnished to the Resident by Isabella or third-party treatment facilities, and to allow for direct assignment of benefits otherwise reimbursable to the Resident wherever permissible.

The Resident is liable for the private pay rate while a Medicaid application is pending and if the Medicaid application is denied. The duty to ensure continuity of payment includes the duty to arrange for timely Medicaid coverage, if Medicaid coverage becomes necessary.

Medicare or other insurers may require payment of a deductible and/or co-insurance to Isabella. The Resident agrees to meet these obligations and understands that the guarantees under the Admission Agreement apply to such payments.

The Resident and/or Representative agree to monitor the Resident's resources to assure uninterrupted payment to Isabella by making a timely application to Medicaid (and/or other payers) as is necessary.

The Resident understands that if he/she receives monthly income and also qualifies for Medicaid, the Department of Health, Office of Medicaid Management ("NYS Medicaid") may require such income (the "Net Available Monthly Income" or "NAMI") to be paid to Isabella as part of the Medicaid rate. In that event, the Resident guarantees that:

- a. such income will be delivered to Isabella on or before the (10th) of each month; or arrangements will be made to pay the income directly to Isabella pursuant to Addendum I of the Admission Agreement; and

b. If the NAMI amount is disputed, the disputed portion will be held by a responsible escrow agent or held in escrow by the Isabella and the portion that is not disputed will be paid on or before the 10th of the month. Funds held in escrow will be released according to the determination made by the reviewing body or by the court.

Once the Resident becomes Medicaid eligible, it is the Resident's or Representative's responsibility to maintain eligibility by providing updated information regarding the Resident's assets and income through the timely filing of an annual Medicaid "Recertification," or in the case of any investigative inquiry from governmental authorities, a response to such inquiries within the time frame of their request.

The Resident and the Representative each jointly and separately guarantee the truthfulness of all information they each provide to Isabella, and the liability for damages directly or indirectly resulting from Isabella's reliance on such information.

Management of Resident Personal Funds

All Residents have the right to manage their personal financial affairs. Isabella maintains several interest-bearing Resident Trust accounts on behalf of each resident as needed to:

a. Maintain personal funds of the Resident - Residents are encouraged but not obligated to deposit an amount sufficient to meet some of the Resident's personal needs or to pay for additional services not part of Isabella's basic rate such as Beauty Parlor/Barber, newspaper, etc. A \$100 deposit is suggested. The monthly spending allowance permitted under Medicaid regulations to Medicaid-eligible residents is deposited in this account provided the NAMI checks are received directly by Isabella.

b. Maintain a separate Medicaid-exempt burial fund - provided the resident has sufficient assets to open such an account in accordance with Medicaid regulations.

c. Maintain a Security Deposit Account - if required under the Admission Agreement.

The Finance/Patient Accounts Department maintains a Cashier's Office, which is open Monday through Friday, 9:00 am through 3:00 pm, except holidays to assist the Resident with their transactions.

Any withdrawal of funds requires the signature of the Resident or his/her representative. Reimbursement for articles of clothing etc. will be issued to the Resident or Representative upon presentation of valid receipt and verification by Isabella staff.

When a Resident is being permanently discharged or transferred for reasons other than death, Isabella, subject to its rights pursuant under the Admission Agreement, will release to the Resident or the Resident's legal representative the balance of funds on deposit within thirty days after permanent discharge, or in the case of death: thirty days after the Resident's death to the individual legally authorized to receive such funds in accordance with applicable New York State Law; or if no such legally authorized individual is appointed or otherwise available at such time, then within 30 days after it is made known to Isabella of the appointment or availability of such legally authorized individual; or otherwise permitted by law.

The Resident and his/her designated representative hereby authorize Isabella to utilize the monies held in the Resident's personal funds account to pay such outstanding charges due and owing to Isabella at the time of permanent discharge or death to the extent of available funds.

Resident/family can come to the cashier's window to withdraw money. For Medicaid recipients who receive social security checks, deposits of \$50 are made into accounts the first month Isabella received their full check and every month thereafter. Cash can be given up to \$150; there is no limit to checks as long as funds are available. When resident expires, any monies left in account can be used for funeral expenses only. Family must present a paid funeral bill in order to be reimbursed. If family wishes, monies can be paid directly to the funeral home. Any excess is returned to the Department of Social Services.

Should you have any questions, please feel free to contact the Patient Accounts Office at (212) 342-9315 or extension 1315 from any Isabella telephone.

Planning in Advance for Your Medical Treatment

Your Right to Decide About Treatment

Among the rights of a nursing home resident is that of choice, or self-determination. A nursing home resident has the right to:

- request medical treatment
- consent to medical treatment
- refuse medical treatment, including life sustaining treatment
- have treatment stopped if it is no longer desired

Planning in Advance

A person can develop an illness that makes it impossible to make decisions about treatment or express one's wishes to the health care team. Examples of such illnesses are certain strokes and Alzheimer's disease, as well as many critical illnesses. It is important to plan in advance and make your doctor and family or close friends aware of your wishes.

In New York State, you can appoint someone you trust to decide about treatment if you become unable to decide for yourself. Filling out a Health Care Proxy is a good way to protect your wishes; Isabella encourages you to do so and will supply you the form.

The Health Care Proxy form has room on which to leave special instructions for caregivers, were one to become too ill to make decisions about care. People sometimes leave directions about what kind of care they would not want if they became terminally ill or fell into a coma; examples would be cardiac resuscitation, ventilator care, kidney dialysis, artificial feeding or hydration (especially feeding tubes), and even antibiotics.

In New York State it is particularly important to include on the Health Care Proxy form a request for no artificial feeding or hydration, if that is desired.

In addition some residents, on their health care proxies, decide that for the very frail person the risks and stresses of hospitalization

outweigh the benefits. In this case an instruction for "no hospitalization" may be given. Of course, for many residents, hospitalization when indicated remains appropriate.

Finally, Isabella offers palliative care. This model of care stresses comfort over cure (not less care) for people who have highly symptomatic, incurable illnesses. Examples include Alzheimer's disease, late-stage cancer, and heart and lung failure. Residents who elect palliative care receive aggressive treatment of symptoms such as pain and all appropriate therapy, including hospitalization if necessary, to achieve comfort.

We have developed pamphlets discussing DNR orders, tube feeding, hospitalization and palliative care, and encourage you to read them. Our doctors, nurse practitioners, and social workers are available to discuss these issues.

Health Care Proxy Information

About

This is an important legal form. Before signing this form, you should understand the following facts:

- This form gives the person you choose as your agent the authority to make all health care decisions for you, except to the extent you say otherwise in this form. “Health Care” means any treatment, service or procedure to diagnose or treat your physical or mental condition.
- Unless you say otherwise, your agent will be allowed to make all health care decisions for you, including decisions to remove or withhold life-sustaining treatment.
- Unless your agent knows your wishes about artificial nutrition and hydration (nourishment and water provided by a feeding tube), he or she will not be allowed to refuse those measures for you.
- Your agent will start making decisions for you when doctors decide that you are not able to make health care decisions for yourself.
- You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.
- You may write on this form any information about treatment that you do not desire and/or those treatments that you want to make sure you receive. Your agent must follow your instructions (oral and written) when making decisions for you.

If you want to give your agent written instructions, do so right on the form. For example, you could say:

- If I become terminally ill, I do/don't want to receive the following treatments...
- If I am in a coma or unconscious, with no hope of recovery, then I do/don't want...
- If I have brain damage or a brain disease that makes me unable to recognize people or speak and there is no hope that my condition will improve, I do/don't want...

Examples of medical treatments about which you may wish to give your agent special instructions are listed below. This is not a complete list of treatments.

- artificial respiration
- artificial nutrition and hydration (nourishment provided by feeding tube)
- cardiopulmonary resuscitation (CPR)
- antipsychotic medication
- shock therapy
- antibiotics
- psychosurgery
- dialysis
- transplantation
- blood transfusions
- abortion
- sterilization

Talk about choosing an agent with your family and/or close friends. You should discuss this form with a doctor or another health care professional, such as a nurse or social worker before you sign it, to make sure that you understand the types of decision that may be made for you. You may also wish to give your doctor a signed copy.

You do not need a lawyer to fill out this form.

You can choose any adult over 18, including a family member or close friend, to be your agent. If you select a doctor as your agent, he or she may have to choose between acting as your agent or as your attending doctor; a physician cannot do both at the same time.

Also, if you are a patient or resident of a hospital, nursing home, or mental hygiene facility, there are special restrictions about naming someone who works for that facility as your agent. You should ask staff at the facility to explain these restrictions.

You should tell the person you choose that he or she will be your health care agent. You should discuss your health care wishes and this form with your agent. Be sure to give him or her a signed copy.

Your agent cannot be sued for health care decisions made in good faith.

Even after you have signed this form, you have the right to make health care decisions for yourself as long as you are able to do so, and treatment cannot be given to you or stopped if you object. You can cancel the control given to your agent by telling him or her or your health care provider orally or in writing.

Appointing Your Health Care Proxy - FAQ

(Reprinted from the New York State Department of Health)

Appointing a health care agent is a serious decision. Make sure you talk about it with your family, close friends and your doctor.

Do it in advance, not just when you are planning to enter the hospital.

What is a Health Care Proxy?

The New York Health Care Proxy Law allows you to appoint someone you trust—for example, a family member or close friend—to decide about treatment if you lose the ability to decide for yourself. You can appoint someone by signing a form called a Health Care Proxy.

You can give the person you select, your "Health Care Agent," as little or as much authority as you want. You can allow your health care agent to decide about all health care or only about certain treatments. You may also give your agent instructions that he or she has to follow. Your agent can then make sure that health care professionals follow your wishes and can decide how your wishes apply as your medical condition changes. Hospitals, doctors and other health care providers must follow your agent's decisions as if they were your own.

Why should I choose a health care agent?

If you become too sick to make health care decisions, someone else must decide for you. Health care professionals often look to family members for guidance. But family members are not allowed to

decide to stop treatment, even when they believe that is what you would choose or what is best for you under the circumstances. Appointing an agent lets you control your medical treatment by:

- allowing your agent to stop treatment when he or she decides that is what you would want or what is best for you under the circumstances;
- choosing one family member to decide about treatment because you think that person would make the best decisions or because you want to avoid conflict or confusion about who should decide; and
- choosing someone outside your family to decide about treatment because no one in your family is available or because you prefer that someone other than a family member decide about your health care.

How can I appoint a health care agent?

All competent adults can appoint a health care agent by signing a form called a Health Care Proxy. You don't need a lawyer, just two adult witnesses. You can use the form printed here, but you don't have to.

When would my health care agent begin to make treatment decisions, for me?

Your health care agent would begin to make treatment decisions after doctors decide that you are not able to make health care decisions your- self. As long as you are able to make treatment decisions for yourself, you will have the right to do so.

What decisions can my health care agent make?

Unless you limit your health care agent's authority, your agent will be able to make any treatment decision that you could have made if you were able to decide for yourself. Your agent can agree that you should receive treatment, choose among different treatments, and decide that treatments should not be provided, in accord with your wishes and interests. If your health care agent is not aware of your wishes about artificial nutrition and hydration (nourishment and water provided by feeding tubes), he or she will not be able to make

decisions about these measures. Artificial nutrition and hydration are used in many circumstances and are often used to continue the life of patients who are in a permanent coma.

How can I give my agent written instructions?

See “Instructions for Filling Out a Health Care Proxy.”

How will my health care agent make decisions?

You can write instructions on the proxy form. Your agent must follow your oral and written instructions, as well as your moral and religious beliefs. If your agent does not know your wishes or beliefs, your agent is legally required to act in your best interests.

Who will pay attention to my agent?

All hospitals, doctors and other health care facilities are legally required to obey the decisions of your agent. If a hospital objects to some treatment options (such as removing certain treatment) they must tell you or your agent in advance.

What if my health care agent is not available when decisions must be made?

You can appoint an alternate agent to decide for you if your health care agent is not available or able to act when decisions must be made. Otherwise, health care providers will make treatment decisions for you that follow instructions you gave while you were still able to do so. Any instructions that you write on your Health Care Proxy form will guide health care providers under these circumstances.

What if I change my mind?

It is easy to cancel the proxy, to change the person you have chosen as your health care agent, or to change any treatment instructions you have written on your Health Care Proxy form. Just fill out a new form. In addition, you can require that the Health Care Proxy expire on a specified date or if certain events occur. Otherwise, the Health

Care Proxy will be valid indefinitely. If you get divorced or legally separated, the proxy is automatically canceled.

Can my health care agent be legally liable for decisions made on my behalf?

No. Your health care agent will not be liable for treatment decisions made in good faith on your behalf. Also, he or she cannot be held liable for costs of your care, just because he or she is your agent.

Is a Health Care Proxy the same as a Living Will?

No. A Living Will is a document that provides specific instructions about health care treatment. It is generally used to declare wishes to refuse life-sustaining treatment under certain circumstances.

In contrast, the Health Care Proxy does not require that you know in advance all the decisions that may arise. Instead, your health care agent can interpret your wishes as medical circumstances change and can make decisions you could not have known would have to be made. The Health Care Proxy is just as useful for decisions to receive treatment as it is for decisions to stop treatment. If you complete a Health Care Proxy form, but also have a Living Will, the Living Will provides instructions for your health care agent and will guide his or her decisions.

Where should I keep the Proxy form after it is signed?

Give a copy to your agent, your doctor and any other family members or close friends you want. You can also keep a copy in your wallet or purse or with other important papers.

Filling Out the Health Care Proxy Form

(Reprinted from the New York State Department of Health)

1. Write your name and the name, home address and telephone number of the person you are selecting as your agent.
2. If you have special instructions for your agent, you should write them here. Also, if you wish to limit your agent's authority in any way, you should say so here. If you do not state any limitations,

your agent will be allowed to make all health care decisions that you could have made, including the decision to consent to or refuse life-sustaining treatment.

3. You may write the name, home address and telephone number of an alternative agent.

4. This form will remain valid indefinitely unless you set an expiration date or condition for its expiration. This section is optional and should be filled in only if you want the Health Care Proxy to expire.

5. You must date and sign the proxy. If you are unable to sign yourself, you may direct someone else to sign in your presence. Be sure to include your address.

Two witnesses at least 18 years of age must sign your proxy. The person who is appointed agent or alternate agent cannot sign as a witness.

Hospitalization – Benefits & Risks

Some points to consider when the care team is discussing hospitalization for your loved one

The transfer of a nursing home resident to the hospital is a common occurrence. Sometimes this transfer has been planned (say, for elective surgery), but usually there has been a worsening of the patient's condition, and the situation is considered an emergency.

There are a number of appropriate reasons to hospitalize a nursing home resident. There may be an infection that is not responding to treatment. Surgery may be necessary (for example, for a fractured hip). Or the resident needs a procedure that is not performed at the nursing home. People who are receiving comfort (palliative) care can also benefit from hospitalization if it will contribute to that comfort.

It is very important to understand, however, that there are risks to hospitalizing a frail, seriously ill geriatric patient. Some of these are:

- Increased use of physical and chemical restraints, usually because of hospital procedures in progress (although hospitals now limit the use of restraints).
- Increased risk of infection, sometimes with organisms resistant to many antibiotics.
- Anxiety caused by unfamiliar surroundings, especially if dementia is present.
- The hospital transfer itself can be a source of stress and discomfort for a very frail person.
- The increased risk of delirium (acute confusion), which can be a medical emergency.

For a very frail resident, the best time to decide whether hospitalization should be undertaken in an emergency is before that emergency occurs. Either the resident or the designated representative can make the decision. As not all situations can be anticipated, the decision on hospitalization can be changed if unusual circumstances occur.

The nursing home facility is considered the long term resident's home; the staff usually tries to keep the resident here for treatment

unless hospitalization is truly necessary and likely to be beneficial. And the nursing home is one of the best places for the delivery of palliative care.

Key Points

- Hospitalization can be helpful, and in fact life saving, to a nursing home resident in some situations.
- There are, however, significant risks to hospitalizing a frail, older person, especially if dementia is present. These include stress, anxiety, confusion, restraints, and infection.
- Advance care planning permits decisions about care to be made before emergencies occur.
- A “Do Not Hospitalize” order can prevent an unwanted trip to the hospital in the middle of the night.

Many of our residents are receiving end of life care. This comfort care is usually best given in the familiar surroundings of the nursing home.

Transportation of Residents Outside Facility Via Ambulette

Isabella provides transportation services to hospital or clinic for non-emergency scheduled procedures. All other requests for ambulette service must be private pay.

Residents are provided with an escort to all outside clinic appointments.

Palliative Care

Isabella Geriatric Center encourages our residents and their loved ones to work with our staff in planning their care here. The first thing to consider is what the goals are. Our goals for care are set by many factors, but the most important are (1) our values (what is important to us) and (2) our medical condition.

Some nursing home residents have medical conditions that can be controlled (like high blood pressure and diabetes) or cured (early forms of cancer). Many of them, however, have conditions that are severe or advanced (such as Alzheimer's disease, some heart and lung diseases, and advanced cancer) and for which cure cannot be a realistic goal. The goals in this situation should be (1) the control of symptoms such as pain and emotional distress, (2) the prevention of suffering and (3) maintaining the resident's dignity.

To help meet these goals, Isabella Geriatric Center offers its Palliative Care program, which stresses providing comfort rather than curing disease. The needs and concerns of the resident and family always remain uppermost in this model of care.

Palliation (alleviation, relief) of symptoms has an appropriate place in the care of nearly all of our residents, no matter what their condition may be. For the most seriously ill patients we anticipate Palliative Care forming a major part of the care plan.

Palliative Care does not mean less care or "giving up". It nearly always means aggressive treatment of symptoms and a heightened level of attention to the hour-to-hour needs of the resident. And Palliative Care allows hospitalization and aggressive treatment of serious complications when appropriate.

We suggest you discuss Palliative Care with the Care Team members if you have questions or want to talk about it.

Key Points

- Modern medicine can prevent or cure many, but not all, diseases.
- Treatment of symptoms such as pain should be part of the care of any resident who has them.
- Some nursing home residents have severe, life-threatening illnesses for which comfort and dignity should be the primary goals of care.
- Palliative Care stresses care rather than cure.
- Palliative Care stresses symptom relief at all times.
- Palliative Care does not mean "giving up".

HOSPICE CARE

Hospice is an approach to life-limiting illness that is very similar to Palliative Care, with its “caring” rather than “curing” philosophy. There are two main differences:

- 1) Hospice is reserved for people who are truly in an end of life situation, whereas Palliative Care is appropriate for many patients earlier in a life-threatening illness.
- 2) Hospice is a specific Medicare benefit, which can provide extra support for the patient and family, either at the facility, after discharge to home or in a hospital.

Should the need arise, Isabella has contracts with Hospice organizations. Referral requires a physician’s authorization.



Do Not Resuscitate Orders

A Guide for Patients and Families

(Reprinted from the New York State Department of Health)

What is a do-not-resuscitate order?

A do-not-resuscitate (DNR) order in the patient's medical chart instructs the medical staff not to try to revive the patient if breathing or heartbeat has stopped. This means physicians, nurses and others will not initiate such emergency procedures as mouth-to-mouth resuscitation, external chest compression, electric shock, insertion of a tube to open the patient's airway, injection of medication into the heart or open chest heart massage.

If the patient is in a nursing home, a DNR order instructs the staff not to perform emergency resuscitation and not to transfer the patient to a hospital for such procedures.

Can I request a DNR order?

Yes. Under New York law, all adult patients can request a DNR order. If you are sick and incapable of deciding about resuscitation, a family member or others close to you can decide on your behalf.

What are the advantages and disadvantages of CPR?

Cardiopulmonary resuscitation (CPR), when successful, restores heartbeat and breathing and enables a patient to resume his or her previous lifestyle. In other cases, CPR may fail to restore basic life functions or only partially succeed, leaving the patient brain-damaged or otherwise impaired.

The success of CPR depends on the patient's overall medical condition and level of functioning before hospitalization. Age alone is not a predictor of success; although illnesses and frailties associated with advanced age often result in less successful outcomes.

Is my right to request or receive other treatment affected by a DNR order?

No. A DNR order is only a decision about CPR and does not relate to other treatment.

Are DNR orders ethically acceptable?

It is widely recognized by health care professionals, clergy, lawyers and others that DNR orders are medically and ethically appropriate under certain circumstances. For some patients, CPR offers more burdens than benefits, and may be contrary to the patient's wishes.

Is my consent required for a DNR order?

Yes, your physician must obtain your consent before entering a DNR order in your record if you are mentally capable of deciding, unless a discussion about CPR and your condition would cause you severe harm. In an emergency, it is assumed that all patients would consent to CPR unless a DNR order is in the record.

How can I make my wishes about DNR known?

An adult patient in a hospital or nursing home can consent to a DNR order orally, as long as two witnesses are present. One witness must be a physician. You can also make your wishes known before or during hospitalization in writing, before any two adults who must sign your statement as witnesses. A living will may be used to convey these wishes as long as it is properly witnessed.

You can specify that you want a DNR order only under certain circumstances (such as if you become terminally ill or permanently unconscious) or that you wish only specific CPR procedures performed such as mouth-to-mouth breathing but not open heart massage.

Before making a decision about CPR, you should speak with your physician about your overall health and the benefits and burdens CPR would provide for you. A full and early discussion between you and your doctor can avoid later misunderstandings.

If I request a DNR order, is my physician bound to honor my wishes?

If you don't want to be resuscitated and you request a DNR order, your physician must either:

- enter the order in your chart; or
- transfer responsibility for your care to another physician; or
- refer the matter to a dispute mediation system in the hospital or nursing home. The mediation system is only authorized to mediate disputes; it cannot overrule your decision.

If mediation has not resolved the dispute within 72 hours, your physician must enter the order or transfer you to the care of another physician.

What happens if I do not have the capacity to decide for myself?

You are presumed by law to be mentally capable of deciding about CPR unless two physicians, or a court, determine that you no longer have the capacity to make the decision. You will be informed of this determination if you are able to understand it, and no DNR order will be written if you object.

If I do not have the mental capacity to make a decision about CPR and do not leave instructions in advance, who will decide?

If you lose the capacity to decide and did not leave advance instructions, a DNR order can be entered only with the consent of someone chosen by you in advance, or by a family member or another person with a close personal relationship to you. The person highest on the following list will decide on your behalf:

- a person you have selected to decide about resuscitation;
- a court appointed guardian (if there is one);
- your closest relative;
- a close friend.

How can I select someone to decide for me?

If you are a patient in a hospital or nursing home, you can appoint a person orally, with two witnesses present.

You can also appoint someone during or in advance of hospitalization by stating your wishes in writing and signing that statement with any two adults present. The adults must also sign your written statement.

Under what circumstances can a family member or close friend consent to a DNR order?

A family member or close friend can consent to a DNR order only when you are unable to decide for yourself and:

- you have a terminal condition; or
- you are permanently unconscious; or
- CPR would be medically futile; or
- CPR would impose an extraordinary burden on you given your medical condition and the expected outcome of resuscitation.

Anyone deciding for you must base the decision on your wishes, including your religious and moral beliefs, or if your wishes are not known, on your best interest.

What if members of my family disagree?

They can ask for the matter to be mediated. Your physician will request mediation if he or she is aware of any disagreement among family members.

What if I lose the capacity to decide and do not have anyone who can decide on my behalf?

A DNR order can be entered only if there is no surrogate reasonably available, if two physicians conclude that CPR would be medically useless or if a court approves the DNR order. It would be best if you discussed the matter with your physician and left instructions in advance.

Who can consent to a DNR order for children?

A DNR order can be entered in the record for a patient under the age of 18 only with the consent of the patient's parent or guardian. If the minor has the capacity to decide, the minor's consent is also required for a DNR order.

What happens if I change my mind after I consent to a DNR order?

You or anyone who consents to a DNR order on your behalf can withdraw that consent at any time by informing your physician, nurses or others of the decision.

What happens to a DNR order if I am transferred from a nursing home to a hospital or vice versa?

The health facility where you are sent can continue the DNR order but is not obligated to do so. If the order is not continued, you or anyone who decided on your behalf will be informed and can request that the order be entered again.

Some useful language on this page explaining exactly what people are signing over here. Or perhaps this form can be reworked.

Is there a need for organ and tissue donors?

Yes. Tens of thousands of Americans are waiting for organ transplants. One donor can save up to seven lives through organ donation and improve dozens of lives through tissue donation.

What organs and tissues can I donate?

Organs you can donate include heart, kidneys, pancreas, lungs, liver and intestines. Tissues that can be donated include eye, skin, bone, heart valves and tendons.

Are there any costs to my family for donation?

No. Donation costs nothing to the donor's family or estate.

Will my decision to become a donor affect the quality of my medical care?

No. Organ and tissue recovery happens only after every effort has been made to save your life and death has been legally declared. The doctors and nurses responsible for your care in the hospital are in no way connected with the medical professionals responsible for donation and transplantation.

Will donation disfigure my body? Is an open casket funeral possible?

Donation is performed under strict operating room guidelines and does not disfigure the body. Donation will not delay funeral arrangements, and open casket arrangements are possible.

How do I become a donor?

Sign a donor card or drivers license and have it witnessed. At the time of your death, your family will be asked about donation. Share your decision with family members so they can carry out your wishes.

Living Organ Donations.

If you are interested in being a living organ donor, we have information prepared by the Joint Commission on Accreditation of Healthcare Organization to share with you.

Resident Classification Category

RUG: Resource Utilization Groups

Under the RUG-II (state guidelines) and RUG-III (federal guidelines) reimbursement system, all nursing homes classify their residents into one of many categories, based on the amount of care they need. New York State devised this system in order to better address your needs and to provide more money to those nursing homes providing more intensive care due to the increased needs of their residents. The system is intended to help both the consumer and the nursing home. Should your condition change, your classification will be changed to reflect the amount of care that your condition will require. Please note that this will affect neither your status as a resident at Isabella, nor the quality of the services which you receive here.

The RUG Categories Are:

Rehab Ultra High	Ultra high - Low	
Rehab Ultra High	Rehab Low	Impaired Cognition
Rehab Very High	Extensive Care	Behavior Only
Rehab High	Special Care	Physical Function Reduced
Rehab Medium	Clinically complex	
Rehab Plus Extensive	Ultra high - Low	

How Does the System Work?

The RUG-II system consists of two tools.

The Patient Review Instrument (PRI): This form, completed by a nurse, reflects the different aspects of care that you need.

The Screen: This form answers the question, "Can this person's needs be met at home?" A nurse, social worker or anyone in health

care who took a special course given by the State can fill out this form.

The RUG-III system relates to all residents. It determines reimbursement for those covered by Medicare and as of January 2009, also for those covered by Medicaid and is completed on a schedule determined by federal guidelines via the MDS document (Minimum Data Set).

Each RUG category is further divided into sub-categories (e.g. A, B, C). There is a time cycle when these assessment forms have to be filled out. As your condition changes you can move from one category to another.

How to Identify Your RUG Grouping

It is the responsibility of the social services department at Isabella to inform you of your right to know your RUG grouping.

You have the right to know your RUG category at any time during your stay here. Please speak with your Social Worker or Facility Assessor if you would like to know your RUG category.

Discharge Planning

Isabella addresses discharge planning pre-admission, at the time of admission, and continually during the resident's stay in order to ensure continuity of care and appropriate and timely post-discharge care.

The discharge planning process will involve the resident and his/her designated representative, the social worker, attending physician, nursing staff, the inter-disciplinary team and the community physician.

The interdisciplinary Team assesses the potential for discharge as follows:

- The availability of a support system and appropriate living situation
- Available community resources
- Resident's motivation to function in a more independent setting
- Resident's anticipated level of independence
- Resident/family's financial resources
- Treatment required after discharge

Resident/family will be appropriately prepared and educated so that they will be discharged in a safe, orderly and appropriate manner.

Environmental Safety Issues

(1) IGC trains all staff in safety and emergency procedures.

(2) Fire safety procedures:

- The code for fire is Dr. Red.
- Call extension 1777 for fire emergency and pull the alarms located at stairwells and/or nurses stations.
- Alarms will be heard followed by an announcement on the public address system with location of fire.
- Staff may ask a resident and/or visitor to move to another location. This is to insure your safety; please follow the directions given by staff.
- Under certain circumstances, you may need to evacuate the Neighborhood. If an evacuation becomes necessary, a staff member will direct you to a safe location and provide any needed assistance.
- In every case, the most important thing is to remain calm and follow the directions given by staff.

(3) Disaster:

- The code for a disaster is Dr. Blue.
- An announcement will be made on the public address system announcing the location of the disaster.
- Follow staff directions and remain calm.

(4) Chemical solutions are used for many purposes throughout the facility. Every Neighborhood has a book, which describes the chemicals that may be used in that location and provides instructions concerning their safe use. If you have any questions about any cleaning products or other chemicals used on your floor, ask the Charge Nurse to show you the Material Safety Data Sheets (MSDS).

Your Care Team

Your Name: _____ Room #: _____

As a resident of the nursing facility, _____ floor, your physician's name is _____.

If you need to make an appointment to see your physician, call the Medical Director's secretary at 212-342-9495.

The telephone number for your nurse's station is 212-342-_____.

Your Community Director is _____
and can be reached at 212-342-_____.

Your Social Worker is _____
and can be reached at 212-342-_____.

Social Workers have offices on the 2nd floor of the 515 Building.

The doctor will be pleased to speak with you when they are on your neighborhood. Please ask the floor nurse for the individualized schedule.

Written messages for your physician may be left at the nurse's station or mailed to them at:

Isabella Geriatric Center
515 Audubon Avenue
New York, NY 10040

Your Care Team also consists of Volunteers, a Dietician, a Therapeutic Recreation Worker, a Neighborhood Coordinator and a Charge Nurse. Your Certified Nursing Assistant (CNA) can explain their roles and answer any other questions you might have.