

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

*******ADMISSION AGREEMENT*******

The Thompson House Nursing Home and _____ hereby agree to the following financial terms and arrangements providing for the medical, nursing, and personal care of _____ (RESIDENT)

THOMPSON HOUSE NURSING HOME AGREEMENT

1. To furnish room, board, laundered linen and bedding, nursing care, and such personal services as may be required for health, safety, good grooming, and well-being of the resident.
2. To obtain the services of a licensed physician of the resident's choice, whenever necessary, or the services of another licensed physician if a personal physician has not been designated or is not available, as well as such medications as the physician may order.
3. To arrange for the transfer of the resident to the hospital when this is ordered by the attending physician and to immediately notify the responsible party and the resident of such transfer,

AGREEMENT OF THE RESIDENT/RESPONSIBLE PARTY

1. To provide such personal clothing and effects as needed or desired.
2. To provide sufficient money for personal needs.
3. To be responsible for hospital charges should hospitalization become necessary.

FINANCIAL AGREEMENT

The resident or financial representative is obligated to make timely payment to the nursing home on all charges, including co-payments, co-insurance, or resident share, if any, for third-party payors. If the resident's account becomes past due, interest may be charged in accordance with applicable law. If the resident's account is sent to an attorney or collection agency for collection, resident and financial representative agree to pay all reasonable interest, collection fees, court costs and attorney's fees association with such collection, as allowable under applicable law. The resident or financial representative agrees to pay monthly and the nursing home will accept this arrangement in full consideration for care and services rendered as follows:

1. Room, board, laundered linens and bedding, nursing care and personal services \$_____/day*
2. Allowance for spending money \$_____
3. Other items should the need arise:

4. The financial cost agreement with the resident, public assistance department or responsible party, if the resident receives public aid is as follows: Resident Share _____ monthly.
5. The services of the attending physician will be billed directly to the resident or responsible party.
6. Medications as ordered by the physician will be billed by the pharmacy directly to the resident or responsible party.
7. A room change from private room to a semi-private room will be initiated in the event application is made and subsequently approved for Vermont State Medicaid.

DURATION OF AGREEMENT

Either party may terminate this agreement on thirty (30) days written notice. Otherwise it will remain in effect until a different agreement is executed. However, this does not mean that the resident will be forced to remain in Thompson House against his/her will for any length of time.

Signature
Thompson House Representative

Signature
Resident or financial representative

Date

* The basic daily rate is subject to change with thirty (30) days notice.

This form must be signed by the resident unless there is proof of state adjudication of incompetency or a physician’s determination and documentation that a resident is incapable of understanding his/her rights and responsibilities. It is not acceptable for this document to be signed on behalf of the resident by a third party in the absence of adequate documentation of incompetency.

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**CONSENT UPON ADMISSION TO
THOMPSON HOUSE**

I, _____, hereby consent to extended nursing care at Thompson House encompassing nursing, routine diagnostic procedures, and routine medical treatment ordered by my attending physician _____, his/her designee or, when necessary, by Carolyn Taylor-Olson, MD, Medical Director. Such care is to be provided by the nursing staff.

PHARMACEUTICAL AGREEMENT

Thompson House has a contract with **Health Direct Pharmacy Services** to provide physician prescribed medications and supplies, medication administration sheets and a monthly visit by the consulting pharmacist.

The undersigned agrees to allow said pharmacy and/or its successors to function as the resident's pharmacist while a resident at Thompson House. This assures the resident, staff, administration, and family that all prescribed medications are being handled and administered by a pharmacist that is familiar with the requirements and routines established in the nursing community.

DESIGNATION OF FINANCIAL REPRESENTATIVE

I, _____ designate _____
Resident Name of Individual/Relationship
as the person to whom my bills should be sent and who will act for me, if needed, in financial matters.

DESIGNATION OF FAMILY REPRESENTATIVE

I, _____ designate _____
Resident Name of Individual/Relationship
to be my family representative.

I give this person my authorization to participate in Resident Care Plan meetings, receive information concerning my total care plan, and be the family representative to be called by staff concerning issues involving my care.

CONSENT, Page Two.

This form has been fully explained to me and I acknowledge that I understand its contents.

Date

Resident Signature

Witness

Resident is unable to consent because:

Date

Closest Relative or Guardian

Witness

Note: Responsible party signs only when a resident is adjudicated incompetent by the State and there is proof of this or physician documents the resident is incapable of understanding his/her rights and responsibilities.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

**FINANCIAL REPRESENTATIVE
BED HOLD AUTHORIZATION**

RESIDENT: _____

DATE: _____

FINANCIAL REPRESENTATIVE/SPONSOR: _____

Please consider this as our request and authorization to reserve a bed when (Mr.-Miss-Mrs.)
_____ leaves Thompson House.

I understand that the rate will be the same as the published private pay daily rate for the accommodation being reserved. NOTE: A Medicaid bed hold is ten (10) days including the date of admission to the hospital.

I also understand that this agreement will terminate when I have so notified Thompson House **in writing** of my intention to not hold the bed.

The terms of this agreement as stated above are between Thompson House and the resident and/or the / financial representative /sponsor on behalf of the resident.

Resident

Financial Representative /Sponsor

Brattleboro Mutual Aid Association, Inc.
Representative

CC: Resident's file/Resident

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House, Thompson Residential Home

AUTHORIZATIONS

I hereby authorize Thompson House, Thompson Residential Home to:

1. Take a photograph of me necessary for identification yes ___ no ___
2. Put my name on the door yes _____ no _____
3. Do my personal laundry _____
No I prefer family to do my laundry _____

I understand it is my responsibility to have all my personal belongings marked with my name.

I understand that Thompson House is not responsible for lost items. We encourage you not to keep money or valuables in your room. We offer, as a courtesy, a safe in the business office to keep your valuables and any cash in excess of \$5.00. Please contact the Business office (ext 205 or 206) for use of the safe. Please allow us to keep your valuables safe or have your family take them home.

Signature of Resident/Responsible Party

Date

Representative
Brattleboro Mutual Aid Association, Inc.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

SELF ADMINISTRATION OF MEDICATIONS

_____ I wish to administer my own medications during my stay at Thompson House. I understand that it is my right to self-administer my medications subject to the professional staff's ongoing assessment of my ability to take my medications safely and accurately.

If I choose to exercise this right, the interdisciplinary team at Thompson House will assess my cognitive, physical and visual ability to carry out this responsibility. If the interdisciplinary team determines that I am able to self-administer my medications, I agree to abide by all established policies and procedures regarding this practice. I further understand that I may be asked and must relinquish this right for my own benefit and protection if the interdisciplinary team decides I am no longer able to self-administer my medications safely.

_____ I choose not to administer my own medications and defer that responsibility to the Thompson House licensed staff.

Resident/ Representative's signature

Date

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

RELEASE FROM LIABILITY

I, _____, currently a resident of either Thompson House, 80 Maple Street, Brattleboro, Vermont, request that I be permitted to have fresh eggs prepared to my wishes and specifications.

I recognize the concern of Thompson House to provide the safest and best possible meals, including its decision, as a way to protect myself from the potential risk of food poisoning, to serve only pasteurized eggs.

While I do recognize these risks I have made my decision and hereby release Thompson House from all responsibility and liability that may occur from my eating fresh eggs prepared for me.

Signed: _____

Date: _____

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

**ADVANCE DIRECTIVES
PATIENT SELF-DETERMINATION ACT**

INTRODUCTION

The State of Vermont and the Brattleboro Mutual Aid Association, Inc. (BMAA) recognize that a person, as a matter of right, may rationally make an election as to the extent of medical treatment s/he will receive in the event that his/her physical state reaches such a point of deterioration that s/he is in a terminal state and there is no reasonable expectation that life can be continued with dignity and without pain. A person has a fundamental right to determine whether or not life sustaining procedures which would cause prolongation of life beyond natural limits, should be used or withdrawn. To that extent the person may choose to execute an advance directive - any expression of a person's preferences for medical treatment in the event of future decisional incapacity. In Vermont two written forms are recognized by statutes - Terminal Care Document (often referred to as the Living Will) and Durable Power of Attorney for Health Care.

Thompson House is an integral part of the Brattleboro Mutual Aid Association, Inc. It is the philosophy of BMAA to enhance the dignity of all individuals who reside in our community through a respect for the right of choice and self determination as it pertains to the quality of life and health care treatment choices. We recognize the right of our residents to fully participate in planning care and treatment and this authority prevails over that of the family and is in accordance with the Federal Patient Self Determination Act of 1990. We respect the right of individuals to make health care decisions in advance through documents which reflect preferences regarding medical treatment, as well as the right to designate an individual to carry out intentions and to respect values and wishes regarding medical care. This includes the right to accept or refuse medical or surgical treatment and the right to complete an "advance directive", a written document made in advance of serious illness that states either a choice for health care or the designation of another person to make these decisions in the event of personal incapacity. In recognizing the right to self-determination, the BMAA does not discriminate against any individual regarding choices contained within an "advance directive" and does not have a religious or moral ideology which limits freedom of choice regarding health care. This includes the right of an individual to choose not to have an "advance directive".

PURPOSE

To ensure resident participation and involvement in decisions regarding life-sustaining treatment by ensuring that advance directives for health care are being offered as options to residents, if desired, and those residents who have not prepared such documents will be made aware of their legal right to choose to do so. This policy recognizes that some residents will elect not to complete an advance directive and will respect the resident's choice and wishes. It is the policy of BMAA to support all provisions of the Patient Self-Determination Act of 1990, as contained within the Omnibus Budget Reconciliation Act of 1987.

PROCEDURE

Upon admission residents will be informed of their rights, especially their right to refuse treatment, to privacy, to informed consent and to information about advance directives. Every resident will be given a copy of the Resident's Bill of Rights and a booklet on Advance Directives. Residents will sign a statement on admission stating that he/she has received a copy and explanation of both the Resident's Bill of Rights and advance directives.

Advance directives include the Terminal Care Document (often referred to as the Living Will), designed, when duly executed, to contain the express direction that no extraordinary measures be taken when the person executing the document is in a terminal state, without hope of recovery from such state and is unable to actively participate in the decision making process and the Durable Power of Attorney for Health Care, designed to enable persons to retain control over their own medical care during periods of incapacity through the prior designation of an individual to make health care decisions on their behalf. Residents will be asked if they have completed one or both of these documents

If the resident has one or both completed s/he will be asked to review and verify the directive(s) and provide a copy of either or both which will be placed in the resident's clinical chart and personal file. Residents who have not completed one or either will be provided with information and explanations as desired. Admission will not be based on the completion of either of these documents and no resident will be coerced to execute an advance directive.

A copy of the advance directive will accompany the resident should he/she require hospitalization or transfer to another facility.

As a demonstration of commitment to staff education efforts, as required by PSDA, the policy and procedure on Advance Directives will be given to present staff members, retained in the Policy and Procedure Manual and will be incorporated into the orientation for new employees

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

MEDICAID FINANCIAL ELIGIBILITY GUIDELINES

The following is a copy of some of the Medicaid eligibility guidelines from the Vermont DCF/ESD office. It is not the intention of Brattleboro Mutual Aid Association, Inc. to verify eligibility for Medicaid, nor are we able to. The guidelines listed below are subject to change. For further information, or to obtain a Medicaid application for Long Term Care in Windham County, please call the Brattleboro DCF/ESD Office at (802) 257-2567.

ASSET LIMITATION: An individual is allowed total assets not to exceed \$2,000.

ASSETS INCLUDE: All bank accounts: savings and checking accounts; money market certificates; cash on hand; stocks; bonds; mutual funds; trust funds; credit unions; personal needs accounts held in nursing homes; and the cash surrender of life insurance policies when the total face value of all policies exceed \$1,500; and second parcels of property unless income producing or for sale for fair market value.

If combined assets exceed the Vermont limitation, a person may adjust assets in the following manner:

- (1) If over the asset limitation because of spousal banking accounts, the co-owners have the right to adjust the account by separating allowable portions of the funds into their own account under their own names.
- (2) If over the asset limitation because of the cash surrender value of life insurance policies and there are NO burial accounts, up to \$10,000 may be excluded from the cash surrender value of the life insurance policy(ies).
- (3) If a person has a prepaid funeral account of under \$1500, he/she may set up a separate account in which the total amount of the prepaid funeral account and the new account equals \$1500.

Brattleboro Mutual Aid Association, Inc.

**THOMPSON HOUSE
Resident Handbook**

WELCOME

The Administration and Staff of Thompson House would like to take this opportunity to welcome you to our family. We will do all that we can to make your stay at Thompson House comfortable and pleasant. This handbook has been designed to provide you and your family with helpful information concerning our services and resources.

Our staff will provide quality care for you. They will attend to your daily needs, serve tasty meals, assist with bathing, dressing and maintaining a pleasant environment. They provide a variety of activities from which to choose, including the opportunity for religious worship. All staff members will work together to make your life at Thompson House an enjoyable experience.

It is our hope that we can help you make the transition to our community a smooth and easy process. If you have any questions or comments concerning Thompson House, please feel free to contact the Social Service Designee, the Administrator, or any Department Director.

We will be glad to help you with your concerns.

Dane Rank

Dane Rank
Administrator

MISSION STATEMENT

The Thompson House Community is recognized as the home of choice in Southeastern Vermont. We are known for the quality of our diverse and individualized health care which is devoted to the well being of those who use our services.

We accomplish this through a dedicated staff that provides a supportive and stimulating environment designed to assist in the achievement of a meaningful life for every resident.

We are uniquely different from others providing this service in the following respects:

1. We provide a home-like nursing community offering personalized attention to our residents.
2. We provide a quality of care tailored to each individual's needs.
3. We have a sincere, talented staff that is devoted to providing professional and loving care.

GUIDELINES AND POLICIES

Residents' Rights

Thompson House recognizes that residents have the right to a dignified existence, self-determination and communication with, and access to, persons and services inside and outside Thompson House. Therefore, staff and administration at Thompson House will actively protect and promote the rights of each resident.

Smoking

We are a health care center dedicated to good health care. For this reason, it is our policy to restrict smoking by all residents and visitors to designated areas. Although we understand that this may be inconvenient for some, we ask for your understanding and cooperation. At no time is smoking allowed in residents' rooms.

Infection Control

In order to minimize the risk of spreading infections among the residents, we ask family members and friends not to visit when they have colds, respiratory infections, or any contagious illness. At such times, a call or note will help keep you in touch with your family members.

Wheelchairs and Walkers

Wheelchairs and walkers are available at Thompson House for general use. However, in order to assure that they are available to everyone as needed, wheelchairs and walkers cannot be assigned for the exclusive use of any one individual. If you have your own wheelchair or walker, we suggest you bring it with you so that it can be available around the clock for your personal use.

Private Duty Nurse

There may be occasions when you desire the services of a private duty nurse. Before starting work for you, the person you hire must contact the Director of Nursing Services to discuss the guidelines which govern private duty nurses. We do not have a private duty nursing registry at Thompson House, but you may get information on how to obtain a private duty nurse by speaking with our Director of Nursing Services. All financial arrangements will be made directly between you and the private duty nurse.

Room Changes

Every effort will be made to place you with a compatible roommate and keep room changes to a minimum. Occasionally, however, it may be necessary to transfer a resident from one room to another for medical or administrative reasons, or to better meet individual needs. Thompson House reserves the right to make such changes at its discretion. You will be notified of any pending changes as soon as possible.

Gratuities

It is the policy of Thompson House that no gratuity be given to any staff member. In order to allow equal and fair treatment for all residents, we ask that you cooperate with us in keeping this policy effective.

Leave of Absence

Residents are encouraged to go on day trips with family and friends as well as to stay overnight with them for extended periods, as long as your physician agrees and approves such a plan. It is essential that you notify the Charge Nurse whenever you plan to leave Thompson House. Medicaid recipients are allowed by law 24 overnight absences from Thompson House per calendar year. If you have any questions regarding the advisability of taking a leave of absence, please contact the Social Service Designee, Charge Nurse, or your physician.

THE PEOPLE WHO SERVE YOU

While you are a resident of Thompson House, many different staff members will serve you. Each person on staff at Thompson House has been chosen to work with our residents because of their unique qualities and skills. It is important for you to know in what capacity they are here to help you. Some of the people you will have regular contact with include:

The Director of Nursing Services

Supervises the Nurses on staff. If you have special questions that you feel cannot be answered by the Charge Nurse, you may ask the Director of Nursing Services. The Director of Nursing Services is on duty from 8:00 am to 4:00 pm. At other times you may consult the Charge Nurse on duty.

The Nurse Supervisor/Charge Nurse

Gives direction and supervision to the Licensed Nurse Assistants. The Nurse Supervisor/Charge Nurse is the person who has contact with your physician and would best be able to answer some of your medical questions.

The Licensed Nurse Assistant

Has the very important job of giving you the assistance that you may need in taking care of yourself throughout the day or night.

The Activities Director

Our Activities Director will meet with you shortly after your arrival and help you select programs and activities in which you would like to participate. The Activities Director is responsible for arranging and supervising a full range of programs/activities to make life more interesting for you.

The Social Service Designee/Admissions Coordinator

Our Social Service Designee/Admissions Coordinator is available to assist you with any social or emotional problems you may encounter while at Thompson House. In addition, our Social Service Designee is also available for assistance with procuring community services and discharge planning. The Social Service Designee is also our Admissions Coordinator and will be able to help you with financial questions. If you wish, you may keep a personal financial account in the Administrative office. The money you keep in your account is available for your personal needs.

Others Who Serve You

Administration, Maintenance, Housekeeping, Laundry, all of our staff people, in all departments are here to ensure your stay at Thompson House is as comfortable and enjoyable as possible.

RESIDENT'S RESPONSIBILITIES

The residents of Thompson House enjoy many rights as spelled out in the Resident's Rights folder given to you on admission. However, they also have certain responsibilities that go along with these rights in order for our community to run smoothly and efficiently. It is our goal to meet the needs of our residents in an effective and efficient manner. Respecting these responsibilities will help us reach our goal.

The responsibilities of our residents include:

1. Providing, to the best of your knowledge, accurate and complete information about present concerns, past illnesses and hospitalizations, medications and other matters relating to your health.
2. Reporting unexpected changes in your condition to a member of the nursing staff.
3. Following the treatment plan recommended by the attending physician for your care.
4. Making known whether you clearly understand a contemplated course of action and what is expected of you.
5. Following Thompson House guidelines affecting resident care and conduct.
6. Following instructions of nurses and other health professionals as they carry out the coordinated plan of care and implement the responsible physician's orders.
7. Assuming responsibility for your action if you refuse treatment or do not follow the nurses' or other professionals' instructions.
8. Being considerate of the rights of the other residents and Thompson House personnel.
9. Being responsible for your personal behavior in the control of noise, smoking and number of visitors.
10. Being respectful of the property of other persons and that of Thompson House.
11. Assuring that the financial obligation of your healthcare is fulfilled as promptly as possible.

CONCERN PROCEDURE

The following policies exist so that the resident/sponsor has a choice as to which avenue they would like to pursue their concern.

Administrative Concern Procedure Resident Council/Ombudsman

These three (3) different methods exist so that the resident/sponsor can find the one they feel most comfortable with, but also to allow them to choose the avenue most appropriate for a given concern so that it may be handled most effectively.

Administrative Concern Procedure

1. When a resident/sponsor voices a concern/grievance to a particular department, that department will give every consideration to resolving the concern/grievance.
2. The department involved will address the concern/grievance as soon as possible. If the concern is simply routine in nature and the department can readily satisfy the situation for both parties, it will do so as soon as practical.
3. If the resident/sponsor feels the concern has not been resolved to their satisfaction, they will be referred to the Social Service Designee or the Administrator and asked to put their concern in writing.
4. Confidentiality will be maintained at all times.
5. If the concern/grievance has any bearing on the resident's regime of care, the department will see that proper documentation is made on the chart and the Social Service Designee and Director of Nursing Services notified.
6. At no time will any reprisals be taken against the resident/sponsor regardless of the nature of the concern/grievance.

Resident Council

The resident council, comprised of residents within our community, meets monthly as an additional forum for concerns and also to offer suggestions for enhancing their own lives. All residents are encouraged and invited to attend. Upon invitation, appropriate staff members may be invited to be present.

Ombudsman

In addition to the avenues mentioned above, the State of Vermont provides an Ombudsman who will try to assist you with concerns you may have that are not resolved to your satisfaction. The Ombudsman for Thompson House is Nancy Hood and she can be reached by telephone at 1-800-769-9164. One of our staff members will be happy to assist you in placing the telephone call if you wish to speak with the Ombudsman.

What Clothing Will I Need?

It is our philosophy to encourage residents to be up and fully dressed each day. Our experience is that people feel better when they look good. Clothing should be wash and wear, permanent press and fastened with snaps and zippers whenever possible. We are not able to take care of clothing items which must be hand washed or that need to be dry cleaned. The following clothing list will guarantee that you are comfortably dressed at all times.

Recommended Clothing List

Men

- 6 pairs of socks
- 1 pair of shoes, sturdy, with ties
- 1 pair of slippers - rubber, skid-proof soles
- 3 pairs of pajamas
- 1-2 sweaters - long sleeve, pullover or cardigan
- 1 robe - washable
- 8 sets of undershirts and shorts
- 5 pairs of washable slacks
- 5 shirts
- 1 coat and hat (seasonal)

Women

- 6 pairs of anklets or stockings
- 1 pair of shoes, sturdy with ties
- 1 pair of slippers - rubber, skid-proof soles
- 3 nightgowns
- 2 sweaters - long sleeve (cardigan)
- 2 robes or housecoats - washable
- 6 dresses - cotton, and/or pants and tops
- 8 changes of underwear - slips
- 1 coat and hat (seasonal)

Please don't bring clothing you will not wear, or out of season clothing; storage space is limited.

How Will I Know Which Clothing Is Mine?

We request that prior to your arrival at Thompson House you have all of your clothing marked with your name. Marking your clothing with an indelible marker or sewn-in labels seems to work best. This will insure that if an item is misplaced or lost, it can be easily returned.

How Will My Clothing Be Cleaned?

Laundry services are available to clean your personal clothing. There is no charge for this service. If your family or friends wish to launder your personal clothing, please make appropriate arrangements with the Nursing Supervisor/Charge Nurse. Linen, blankets, towels, etc., are laundered at our in-house laundry at no additional charge. If you require an item of clothing to be dry cleaned, these services are available on a weekly basis.

If your family wishes to do your laundry, a large vented hamper should be provided for soiled clothing. For infection control purposes, soiled laundry needs to be picked up on a weekly basis, more frequently if necessary. Clothing that needs to be repaired will be labeled so and given to you family.

What Personal Items Should I Bring?

We recommend that you bring the following items:

Electric Shaver, Cosmetics, Television, Radio

Also, you should consider bringing:

Pen, pencil, family pictures, stationery, envelopes, hobby work (knitting, or crocheting, etc.) and any other small personal items to make your room more home-like.

Please be sure that all items are in non-breakable containers. Appliances with heating coils, such as space heaters, electric blankets, heating pads, hair dryers, curling irons, or electric curlers, coffee pots, or extension cords should NOT be brought into Thompson House. Small rugs are hazardous and, therefore are not permitted.

What About My Valuables?

We request that you do not keep valuables in your room. Items such as jewelry, charge cards, bank and checkbooks, legal documents and furs should be left at home as we cannot take responsibility for them. We will assist you in marking the items you do bring with you, so they can be easily identified.

We recommend that you keep no money in your room. We have available a resident trust account for your use if you so desire. Any amount of money can be deposited in this interest

bearing account and withdrawn during the community's banking hours which are Monday through Friday, 9:00 am to 4:00 pm. Monthly statements are provided for all residents who have opened an account. Arrangements to open an account can be made by contacting the Social Service Designee/Admissions Coordinator.

What Will My Room Be Like?

At Thompson House our rooms are bright, cheerful and attractively decorated. Each room is fully furnished with all the necessary furniture, draperies, bedspreads and linens. Each room has its own bathroom. Electronic signaling systems are located in every room behind each bed and in each bathroom. The signal device permits a direct communication between you and the nurses' communication center.

May I Bring In My Own Radio and/or Television?

You are welcome to bring in a radio or television of a reasonable size for your personal use in your room, provided it has been given a safety check by our Maintenance Department.

May I Have A Telephone In My Room?

A telephone is available for your use. Should you desire your own private telephone, you or your family should make arrangements for installation by directly contacting Verizon. The telephone company will bill you directly for this service. Thompson House cannot be responsible for any unauthorized calls made on a resident's telephone.

May I Bring In A Favorite Easy Chair?

We always encourage our residents to bring in familiar and favorite items like pictures, afghans, quilts, pillows, etc. If you have a favorite piece of furniture, like a table or chair that you would like to bring in, please inform the Social Service Designee first. We must make sure that there will be enough space in your room to accommodate the items. Fire safety regulations require us to make sure that at all times there is a clear path in which our residents may exit in the event of an emergency.

What Are The Meals Like?

We are proud of our excellent menu and will provide a diversified selection of meals within the diet prescribed by your physician. Our Dietetic Consultant will visit with you shortly after your arrival to design an individual diet plan.

If family members or visitors wish to bring you food, please have them bring it to the nursing communication center first so that our staff is aware of what you are eating. This will allow us to be sure it is compatible with your diet. We also request that your family or visitors not bring in large quantities of food or perishables. Vermont Department of Public Health regulations

require that all food be kept in containers with air-tight lids. Food may not be stored in your room.

When Are Meals Served?

Breakfast is served between the hours of 7:30 and 8:15 am, dinner at noon, and supper at 5:15 pm. For each meal you will have the option of eating in your room but we encourage you to eat in the dining rooms. Snacks and nourishments are served between meals.

Meals For Visitors

Meals are available upon request at the prevailing rate. Whenever possible, let us know at least a day in advance and three days prior to major holidays so that we may cater to you and your friends.

Are Barber and Hairdresser Services Available?

Looking good is part of feeling better, so we have our own beauty salon/barber shop on the premises. The hairdresser is here two days each week for the benefit of both men and women. Prices are posted in the salon.

Do I Have Say In My New Lifestyle?

A group of residents from Thompson House meet regularly to share their individual and collective concerns and offer suggestions for enhancing their own lives. This group is known as the Resident Council and all residents are invited and encouraged to attend Resident Council Meetings. Upon invitation, appropriate staff members may be invited to be present. Through this forum, residents are able to participate in the planning of activities and events as well as share ideas.

How Will I Spend My Leisure Time?

We respect your right to use your time as you choose; however, it is important that you keep your mind and body active. For this reason, the Director of Activities will offer many social, recreational and educational activities designed to provide a satisfying and creative outlet for your interests and talents. The weekly activities calendar is posted in the elevator. The Activities Director will visit with you and assist you in selecting activities of interest to you.

We encourage you to continue with hobbies and handiwork after your admission. By attending the various scheduled recreational activities, you might discover that you have a hidden talent. The Activities Director can also make arrangements to have a local newspaper delivered to you daily at your own expense.

Will I Be Able To Send And Receive Mail?

Incoming letters and packages are promptly brought to you when received. Outgoing mail is picked up daily. For your convenience, outgoing mail may be deposited at the Nursing Communication Center.

When Can I Have Visitors?

It is important for you to maintain contact with your family and friends. Visitors, including children, are welcome between 8:00 A.M. and 8:00 P.M. daily. Allowances can be made in special circumstances to accommodate visitors at any reasonable hour provided arrangements Resident Handbook, Page Twelve.

have been approved through the Charge Nurse. Please ask your visitors to understand that the residents are highly susceptible to infection; therefore, should a visitor be ill with a contagious disease (e.g., flu, virus, etc.), have them call or write until they are well. In the event of a highly contagious flu season, we reserve the right to close our doors to visitors for the good of all.

Living in a Nursing Community Should in No Way Imply the Loss of Personal Freedom

For that reason, we encourage all residents to visit their relatives and friends at their home whenever possible. You may leave Thompson House with a family member or friend whenever medically safe to do so. Your nurse will contact your physician for approval. You may leave the facility during the day or evening or weekends or holidays, and even for overnight stays. It is required that you notify your nurse whenever you plan to leave. She will have you or your responsible party sign out upon leaving and sign in when you return. For overnight stays, arrangements for holding your room must be made in advance with the Social Service Designee.

What If I Have A Personal Request, Such As Opening A Bank Account?

We request that you ask a family member or friend to take care of any personal requests you may have. We realize that at times it may not be possible for them to help you, in which case all you need to do is contact our Social Service Designee. We will be happy to help you with whatever it is you may need.

May I Keep My Personal Physician?

If your physician is local, he or she may have full staff privileges here and we would encourage you to continue utilizing this individual. If for some reason your own physician is unable to continue to serve you, a list of physicians who do serve our facility can be obtained from the Social Service Designee. Our Medical Director supervises all medical services at Thompson House and is available for medical emergencies. In addition, we can arrange for the services of a dentist, podiatrist, optician, and other medical professionals. Arrangements for other services such as x-rays or laboratory tests are made through the Nursing Department. Should Resident

hospitalization be required, all arrangements for transfer to the hospital are made by Thompson House in cooperation with your attending physician.

How Often Are Nurses Available To Help Me?

There is a combination of Registered Nurses, Licensed Practical Nurses and Licensed Nurse Assistants on duty 24 hours a day. All of our staff routinely attends various in-service and educational programs. This allows them to keep informed of current nursing techniques and safety practices. A call bell is located by every bed and in every bathroom should you need immediate service from the nursing staff.

Are Special Therapeutic Services Available?

Arrangements can be made for Physical, Occupational or Speech Therapy and any other specialized services your physician orders. These specialized services can be provided in house for your convenience. Certain services may require you to go to the doctor's or other health professional's office. If you have to leave Thompson House for any particular service, our staff will assist you in arranging transportation. There may be a charge for this service which will depend on frequency and distance.

What About Medications?

Medications are prescribed by your doctor and administered as ordered only by our licensed nurses. Our consultant pharmacist reviews medication records on a monthly basis. Any request for re-evaluations or changes in medications should be directed to the Director of Nursing Services or the Nursing Supervisor.

If I Have A Problem, To Whom Should I Speak?

If you have a problem or concern related to your care, the Nursing Staff, Administrator and all Department Directors of Thompson House are always available to help. We want to know your concerns and encourage you to speak up. In addition, should you feel you have a personal or family problem you'd like to discuss, feel free to contact our Social Service Designee. She will be glad to speak with you confidentially and make appropriate referrals to community agencies.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

ROOM RATES *as of March 1, 2016

Thompson House

Level I and II

Skilled and Intermediate Care Nursing Community

PRIVATE ROOMS

\$289.00 daily*

SEMI-PRIVATE ROOMS

\$284.00 daily*

Total of 43 beds available in 12 semi-private rooms (24 beds)
and 19 private rooms (19 beds)

ROOM RATES as of August 1, 2014

Thompson Residential Home

Level III

Residential Care Home with Nursing Overview, Basic Rate

Room Numbers

200, 203,

212, 213, 214

215, 216, 221, 223

\$113.00 daily

Room Numbers

201, 202, 217, 218

219, 220, 222, 224

\$115.00 daily

All 17 rooms are private rooms

Level of Service *	Basic	Intermediate	High
Room Numbers: 200, 203, 212, 213, 214, 215, 216, 221, 223	113	126	146

Room Numbers: 201, 202, 217, 218, 219, 220, 222, 224	115	128	148
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* Level of Service is defined as the level of the Functional Assessment.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

THOMPSON HOUSE SERVICES/FEES

Private Daily Room Rate \$289.00

Semi-Private Daily Room Rate \$284.00

SERVICES INCLUDED IN THE DAILY RATE ARE:

- | | |
|---|---|
| * Room and Board | * 24-hour Nursing Care |
| * Activity Program | * Social Services |
| * Housekeeping Services | * Maintenance Services |
| * Laundry Services | * Therapeutic Diets as ordered |
| * Personal Funds Management | * Mail Delivery/Forwarding |
| * Personal services required for health, safety, good grooming and well-being of resident | * Hospital Transfers when ordered by physician to Hospital of resident's choice |

ADDITIONAL SERVICES AVAILABLE BUT NOT INCLUDED IN THE DAILY RATE

- * Daily newspaper - Brattleboro Reformer rates
- * Beauty/Barber Salon - Rates are posted in the Salon
- * Private telephone - Verizon Service fees
- * Physical, Occupational and Speech Therapy
Initial evaluation \$125, Additional treatment units at \$25 per unit (15 minutes)
If Medicare reimbursement is appropriate charges will be billed to Medicare
- * Dental Services - Rates will vary according to needs
- * Laboratory Services - Brattleboro Memorial Hospital - BMH rates
- * X-ray Services - Brattleboro Memorial Hospital - BMH rates

ITEMS NOT COVERED UNDER THE MEDICARE/MEDICAID PROGRAM

- | | |
|--|--------------------------------|
| * Radio | * Personal clothing |
| * Television | * Personal reading material |
| * Private telephone | * Flowers and plants |
| * Air conditioner | * Beauty/Barber services |
| + Deodorant | + Denture Cream |
| + Hair brush | * Tobacco/Cigarettes |
| * Dry cleaning | * Special Duty Nurses |
| * Notions/novelties/confection | * Gifts purchased for resident |
| * Social/events/entertainment offered off premises outside of Activity Program | * Private room |

+ While the Medicare or Medicaid program does not cover these items, Thompson House will provide them as needed at no additional charge.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

SERVICES/FEES

Thompson House furnishes basic room, board, and skilled or general nursing care as required by the resident's medical condition. Any special nursing care, special equipment, pharmacy charges, and additional services and items (including, but not limited to physical, occupational or speech therapy, private telephone expenses, clothing, beauty and barber services (except for basic haircuts as needed, and newspapers) are not included within the scope of general nursing services.

Thompson House shall not charge for additional services, except for medical services required in a medical emergency without a prior written request for those services by the resident or his/her responsible party/sponsor. Physician services may be provided by a licensed physician selected by the resident provided that the physician agrees to abide by any and all medical staff bylaws, policies and procedures, regulations and guidelines which Thompson House or its Medical Director may establish.

Initial payment is generally made at the time of admission for a thirty (30) day period. Some residents may be eligible for either Medicare or Medicaid coverage for their stay in Thompson House or Thompson House II and initial payment is not required of these residents.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

THE SALON

Peggy Howard, Stylist

Price List

Bangs	\$5.00
Beard & Mustache	\$5.00
Shampoo	\$10.00
Cut	\$18.00
Cut/Iron	\$22.00
Shampoo/Blow Dry	\$18.00
Shampoo/Blow Dry/Iron	\$20.00
Set	\$20.00
Shampoo/Cut	\$22.00
Shampoo/Set	\$22.00
Shampoo/Cut/Set	\$30.00
Shampoo/Cut/Blow Dry	\$28.00
Shampoo/Color/Blow Dry	\$42.00
Shampoo/Color/Set	\$42.00
Shampoo/Color/Cut/Blow/Iron	\$52.00
Shampoo/Color/Cut/Set	\$54.00
Permanent	\$62.00

Payment for services is charged to the individual resident's account. Tipping for services is not permitted. Prices effective January 1, 2017.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

THE PEOPLE WHO SERVE YOU

While you are a resident of Thompson House, there will be many different staff members who will serve you in a number of different capacities. The listing furnished below will provide you with the names and telephone extensions of some of the staff who are here to serve you. You must first dial 254-4977 and ask the operator to connect you to the extension listed.

ADMINISTRATOR	Dane Rank	Extension 201
DIRECTOR OF NURSING SERVICES	Mark Malloy, RN	Extension 202
SOCIAL SERVICES	Michael Hudson	Extension 243
REHABILITATION	Lesley Clogston	Extension 244
ACTIVITIES	Shannon Bratcher, Director Danielle Covey, Assistant	Extension 242
BUSINESS OFFICE MANAGER	Kathleen Saunders	Extension 206
BOOKKEEPING	Susan Dematteis	Extension 205
MDS COORDINATOR	Chelsea Ogden	Extension 123
UNIT COORDINATOR	Stacy Malmberg Mary Jones	Extension 203
DINING/NUTRITIONAL SERVICES	Dana Ross	Extension 209
MAINTENANCE SERVICES	Todd Frost Jerome Spooner	Extension 245
HOUSEKEEPING	Heidi Lebron	Extension 121
STAFF DEVELOPMENT COORDINATOR	Sandy Merkle	Extension 122

Please feel free to contact any of the above with concerns you are unable to resolve.

08051999/07252001R

08202001/06112002

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

ABUSE PREVENTION POLICY

*ABUSE, NEGLECT, MISTREATMENT, EXPLOITATION OR
MISAPPROPRIATION OF RESIDENT FUNDS*

Our residents have the right to be free from verbal, sexual, physical and mental abuse, corporal punishment, involuntary seclusion, and misappropriation of personal property. It is the policy of this nursing community that reports of abuse, neglect, mistreatment, exploitation or misappropriation of resident funds be promptly and thoroughly investigated.

This nursing community provides our residents a nurturing and safe environment ensuring proper care and protection for them, and their personal belongings.

Our residents must not be subjected to abuse by anyone, including, but not limited to, nursing community staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals.

It is the policy of this nursing community to report and investigate any suspected abuse, neglect and/or exploitation of a resident. Specific procedures to prevent misappropriation of personal belongings have been developed.

For purposes of this policy, the following definitions shall apply:

- I. a. "Abuse" means the willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish, or deprivation by an individual, including a caretaker, of goods or services that are necessary to attain or maintain physical, mental or psychosocial well-being.
- b. "Verbal abuse" refers to any use of oral, written or gestured language that includes disparaging or derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, or ability to comprehend or disability.
- c. "Sexual abuse" includes, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
- d. "Physical abuse" includes hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
- e. "Mental abuse" includes, but is not limited to, humiliation, harassment, threats of punishment, or deprivation.
- f. "Involuntary seclusion" means separation of a resident from other residents, or from his/her room against the resident's will, or the will of the resident's legal representative. Emergency or short term monitored separation from other residents will not be considered involuntary seclusion and may be permitted if used

for a limited period of time as a therapeutic intervention to reduce agitation until professional staff can develop a plan of care to meet the resident's needs.

- II. Neglect: the lack of subsistence, medical, or other care necessary for well-being.
- III. Exploitation: the act of using, without legal authority, a residents funds or property for the profit or advantage of another. It also means the act of forcing or compelling a resident against his/her will to perform services for the profit or advantage of another.

PROCEDURE TO PREVENT RESIDENT ABUSE NEGLECT OR EXPLOITATION

PURPOSE:

To provide employees with a guide for screening/training of employees, protection of residents and procedures to prevent, identify, investigate, and report any suspected abuse, neglect, or misappropriation of property.

PROCEDURE:

1. All employees must undergo a Criminal Records Background Check upon hire. Previous work history will be reviewed and any appropriate licensing boards or agencies will be contacted.
2. All employees will attend a nursing community orientation that includes:
 - Resident Rights
 - Mandated Reporter Requirements
 - Abuse Policy/Procedures
 - Techniques/interventions for Caring for Residents with Dementia, Agitation, or Aggressiveness
 - Incident Reporting
 - Repeat Resident Incident Reporting Policy
3. On-going training for all employees will include:
 - Ways to report grievances, concerns, incidents
 - Appropriate staff response to confused, angry, agitated, aggressive behaviors
 - Mandated Reporter Requirements
 - Methods for staff to identify potential problems, triggering factors
 - Intervention techniques that can be utilized for residents or another staff member
 - Explanation of the nursing community process for investigating possible situations of abuse and reporting requirements
 - Identification procedures for resident personal belongings and nursing community policies and procedures for valuables and personal belongings
 - The procedure for completion of a Concern Form will be discussed and reviewed. Completion of a Concern Form will lead to an investigation of any bruise, skin tears, etc. for possible patterns, and interventions that can be employed to prevent recurrence.

ABUSE REPORTING PROCEDURE

PURPOSE:

To ensure that our residents have the right to be free from verbal, sexual, physical, and mental abuse, corporal punishment, and involuntary seclusion.

PROCEDURE:

If you witness or suspect that a resident has been abused, neglected, or exploited, you must report the incident immediately. **YOU, AND ALL STAFF MEMBERS OF THIS NURSING COMMUNITY ARE MANDATED REPORTERS.** You must report when altercations between residents occur and any of the following is true:

- a. The resident is making an allegation of abuse, neglect, or exploitation
 - b. Any altercation between two residents which results in injury with the need for medical attention
 - c. Non-consensual sexual activity between residents
-
1. Report the incident to your immediate supervisor, Department Head or Administrator immediately.
 2. The incident will immediately be reported to the Charge Nurse.
 3. The reporter will complete a written report (Concern Form) which shall contain the name of the resident, date, time and location of the incident, circumstances, nature and extent of abuse, neglect or exploitation, the name of the suspected abuser, and your name and address.
 4. Submit your written report within six hours of the incident to the Administrator who will report the incident to Adult Protective Services as soon as possible, but in no circumstance later than forty-eight (48) hours after the incident. The Administrator or his designee must submit a report of their investigation in writing to the Division of Licensing and Protection, 103 South Main Street, Ladd Hall, Waterbury, Vermont 05671-2306 - Telephone 800-564-1612 within one week of the incident.
 5. If the incident involved any of the persons to whom you are supposed to report, you should immediately go to the next person on the list and report to that person. If that person should be the ADMINISTRATOR, you should report to the DIRECTOR OF NURSING SERVICES.
 6. In all instances, and in addition to the above listed steps, you, or any employee, have the option of reporting directly to the Adult Protective Service office in Waterbury. The telephone number is 800-564-1612.

THE REPORT MUST CONTAIN THE FOLLOWING:

- Name and address of the reporter
- Name and address of resident
- Age of resident
- Nature of resident's disability
- Nature and extent of the abuse, neglect or exploitation, together with any evidence of previous abuse, neglect or exploitation of the resident.
- Any other information that the reporter believes might be helpful in establishing the cause of any injuries or reasons for the abuse, neglect or exploitation as well as in protecting the resident.

The identity of the person reporting the incident shall be kept confidential unless the person consents to disclosure, judicial proceeding results from the report, or a Court, after a hearing, finds probable cause to believe the report was not made in good faith and orders Adult Protective Services to disclose the persons identity.

If a report of abuse, neglect, or exploitation involves the acts or omissions of the Administrator, the reporter shall direct the incident to the Director of Nursing Services who shall be responsible for submitting the written report to Adult Protective Services. Adult Protective Services shall cause an investigation to commence within forty-eight (48) hours after receipt of the report.

The Administrator, or his designee, will also investigate the incident by interviewing all persons who may have knowledge of the incident, by reviewing the medical records and reports and taking any action believed to be helpful in establishing the facts of the incident.

While the investigation is being conducted, the Administrator or his designee will take whatever action necessary to ensure the safety of the resident during the investigation process. Such actions may include, but are not limited to, suspension of the accused employee, transfer of the accused employee to other work assignments or the provision of additional supervision of the accused employee's activities. If the alleged abuser is someone other than an employee, such as another resident or a visitor, the Administrator or his designee will take whatever action necessary to assure the safety of the resident.

The Administrator shall take appropriate disciplinary action against the abuser in accordance with Personnel Policies.

No employer, Administrator, or Supervisor may discharge, demote, transfer, reduce pay, benefits, or work privileges, prepare a negative work performance evaluation, or take any action detrimental to any employee who files a good faith report in accordance with these procedures, by reason of the report.

STATE OF VERMONT ADVOCACY GROUPS

Area Long Term Care Ombudsman

Katrina Boemig
Vermont Legal Aid – Long-term Care Ombudsman Project
56 Main Street, Suite 301
Springfield, VT 05156
Telephone: 800-889-2047
Email: kboemig@vtlegalaid.org

Adult Protective Services

Division of Licensing and Protection
Department of Aging and Independent Living
103 South Main Street, Ladd Hall
Waterbury, Vermont 05676
Telephone: 800-564-1612

Vermont Division of Licensing and Protection

Department of Disabilities, Aging and Independent Living

HC 2 South
280 State Drive
Waterbury, Vermont 05671-2060
Email (preferred method): ahs.dailscintake@vermont.gov
Telephone: 1-888-700-5330
FAX: 1-802-241-0383

VT Department of Mental Health

280 State Drive, NOB 2 North
Waterbury, VT 05671-2010
Phone: (802) 241-0090
FAX: (802) 241-0100

VT Department of Disabilities, Aging & Independent Living (DAIL)

103 South Main Street, Weeks Building
Waterbury, Vermont 05676
Senior Help Line: 800-642-5119

DAIL – Adult Services Division (Choices for Care/VT Long Term Medicaid)

Economic Services 802-769-2525
Clinical Services 802-251-2118

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House, Thompson Residential Home

**CONSENT FOR THE USE OR DISCLOSURE OF HEALTH INFORMATION
FOR TREATMENT, PAYMENT, OR HEALTH CARE OPERATIONS**

I understand that as part of my health care, the nursing community and the physician(s) who care for me originate and maintain health records describing my health history, symptoms, examination and test results, diagnoses, treatment, and any plans for future care or treatment. I understand that this information serves as a basis for planning my care and treatment, to arrange for the billing and payment of my care, and to carry out routine health care operations, such as assessing quality.

I understand and have been provided with a NOTICE OF INFORMATION PRACTICES that provides a more complete description of information uses and disclosures. I understand that I have the right to review the notice prior to signing this consent. I understand that the nursing community reserves the right to change its notice and practices, and that prior to implementation of those changes will mail a copy of the revised notice to me. I have been informed that if I refuse to sign this consent for the use and disclosure of my health information, the nursing community may refuse to admit me or treat me in any manner.

I understand that I have the right to:

- Object to the use of my health information for directory purposes.
- Request restrictions as to how my health information may be used or disclosed to carry out treatment, payment, or health care operations, and that the nursing community is not required to agree to the restrictions requested. If the nursing community agrees to any restrictions, then it is bound by those restrictions.
- Revoke this consent in writing, except to the extent that the nursing community has already taken action in reliance thereon. I understand that if I revoke my consent, then the nursing community will no longer be able to treat me, and that I will need to be discharged from the nursing community.

I consent to the use and disclosure by the nursing community and its agents or representatives, and the physicians who care for me, of all my health information for treatment, payment and health care operations (as more fully articulated in the Notice of Information Practices).

I have read and understood this consent form. I have had the opportunity to ask questions, and have had all of my questions answered to my full satisfaction.

Signature

Date

Print Name

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.
Thompson House, Thompson Residential Home

NOTICE OF INFORMATION PRACTICES

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

UNDERSTANDING YOUR HEALTH RECORD/INFORMATION

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

- Basis for planning your care and treatment
- Means of communication among the many health professionals who contribute to your care
- Legal document describing the care you received
- Means by which you or a third-party payer can verify that services billed were actually provided
- A tool in educating health professionals;
- A source of information for public health officials who oversee the delivery of health care in the United States
- A source of data for facility planning and marketing
- A tool with which we can assess and continually work to improve the care we render and the outcomes we achieve

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

OUR RESPONSIBILITIES

Our nursing community is required to:

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

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

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

HOW WE WILL USE OR DISCLOSE YOUR HEALTH INFORMATION

1. **TREATMENT.** We will use your health information for treatment. For example, information obtained by a nurse, physician, or other member of your healthcare team will be recorded in your record and used to determine the course of treatment that should work best for you. Your physician will document in your record his or her expectations of the members of your healthcare team. Members of your healthcare team will then record the actions they took and their observations. In that way, the physician will know how you are responding to treatment. We will also provide your physician or a subsequent healthcare provider with copies of various reports that should assist him or her in treating you once you're discharged from our nursing community.
2. **PAYMENT.** We will use your health information for payment. For example, a bill may be sent to you or a third-party payer, including Medicare or Medicaid. The information on or accompanying the bill may include information that identifies you, as well as your diagnosis, procedures, and supplies used.
3. **HEALTH CARE OPERATIONS.** We will use your health information for regular health operations. For example, members of the medical staff, the risk or quality improvement manager, or members of the quality improvement team may use information in your health record to assess the care and outcomes in your case and others like it. This information will then be used in an effort to continually improve the quality and effectiveness of the health care services we provide.
4. **BUSINESS ASSOCIATES.** There are some services provided in our organization through contracts with business associates. Examples include our accountants, consultants, and attorneys. When these services are contracted, we may disclose your health information to our business associates so that they can perform the job we've asked them to do. To protect your health information, however, we require the business associates to appropriately safeguard your information.
5. **DIRECTORY.** Unless you notify us that you object, we may use your name, location in the nursing community, general condition, and religious affiliation for directory purposes. This information may be provided to members of the clergy, and except for religious affiliation, to other people who ask for you by name. We may also use your name on a name plate next to or on your door in order to identify your room, unless you notify us that you object.
6. **NOTIFICATION.** We may use or disclose information to notify or assist in notifying a family member, personal representative, or another person responsible for your care, of your location and general condition. If we are unable to reach your family member or personal representative, then we may leave a message for them at the phone number that they have

provided us, e.g., on an answering machine.
NOTICE OF INFORMATION PRACTICES, Page 3

7. **COMMUNICATION WITH FAMILY.** Health professionals, using their best judgment, may disclose to a family member, other relative, close personal friend or any other person you identify, health information relevant to that person's involvement in your care or payment related to your care.
8. **FUNERAL DIRECTORS.** We may disclose health information to funeral directors and coroners to carry out their duties consistent with applicable law.
9. **ORGAN PROCUREMENT ORGANIZATIONS.** Consistent with applicable law, we may disclose health information to organ procurement organizations or other entities engaged in the procurement, banking, or transplantation of organs for the purpose of tissue donation and transplant.
10. **MARKETING.** We may contact you to provide appointment reminders or information about treatment alternatives or other health-related benefits and services that may be of interest to you.
11. **FUND RAISING.** We may contact you as part of a fund-raising effort.
12. **FOOD AND DRUG ADMINISTRATION (FDA).** We may disclose to the FDA health information relative to adverse events with respect to food, supplements, product and product defects, or post marketing surveillance information to enable product recalls, repairs, or replacement.
13. **WORKERS COMPENSATION.** We may disclose health information to the extent authorized by and to the extent necessary to comply with laws relating to workers compensation or other similar programs established by law.
14. **PUBLIC HEALTH.** As required by law, we may disclose your health information to public health or legal authorities charged with preventing or controlling disease, injury, or disability.
15. **CORRECTIONAL INSTITUTION.** Should you be an inmate of a correctional institution, we may disclose to the institution or agents thereof health information necessary for your health and the health and safety of other individuals.
16. **LAW ENFORCEMENT.** We may disclose health information for law enforcement purposes as required by law or in response to a valid subpoena.
17. **REPORTS.** Federal law makes provision for your health information to be released to an appropriate health oversight agency, public health authority or attorney, provided that a work force member or business associate believes in good faith that we have engaged in unlawful conduct or have otherwise violated professional or clinical standards and are potentially endangering one or more residents, workers, or the public.

YOUR HEALTH INFORMATION RIGHTS

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

You may request that we not use or disclose your health information for a particular reason related to treatment, payment, the communities general health care operations, and/or to a particular family member, other relative, or close personal friend. We ask that such requests be

made in writing on a form provided by this nursing community. Although we will consider your NOTICE OF INFORMATION PRACTICES, Page 4

requests with regard to the use of your health information, please be aware that we are under no obligation to accept it or to abide by it. We will abide by your requests with regard to disclosure of your clinical and personal records to anyone outside of the nursing community, except in an emergency, if you are being transferred to another health care institution, or the disclosure is required by law. 45 Code of Federal Regulations (C.F.R.) 483.10(e) provides that a nursing community must abide by a resident's right to refuse the release of his/her personal or clinical records to any individual outside of the nursing community, unless the release is necessary because the resident is being transferred to another health care institution, or it is required by law.

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

You may request to inspect and/or obtain copies of health information about you, which will be provided to you in the time frames established by law. You may make such requests orally or in writing; however, in order to better respond to you request we ask that you make such requests in writing on this nursing community's standard form. If you request to have copies made, we will charge you a reasonable fee. For more information about this right, see 45 C.F.R. 164.524.

If you believe that any health information in your record is incorrect or if you believe that important information is missing, you may request that we correct the existing information or add the missing information. Such requests must be made in writing, and must provide a reason to support the amendment. We ask that you use the form provided by our nursing community to make such requests. For a request form, please contact the ADMINISTRATOR. For more information about this right, see 45 C.F.R. 164.526

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

You have the right to obtain a paper copy of our Notice of Information Practices upon request. You may revoke an authorization to use or disclose health information, except to the extent that

action has already been taken. Such a request must be made in writing.
NOTICE OF INFORMATION PRACTICES, Page 5

FOR MORE INFORMATION OR TO REPORT A PROBLEM

If you have questions and would like additional information, you may contact our nursing community's Privacy Officer, who is the Administrator.

If you believe that your privacy rights have been violated, you may file a complaint with us. These complaints must be in writing on a form provided by us. The complaint form may be obtained from the Administrator, and when completed should be returned to him. You may also file a complaint with the secretary of the federal Department of Health and Human Services. There will be no retaliation for filing a complaint.

Effective date: April 10, 2003

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

**RECEIPT OF INFORMATION
VERIFICATION FORM**

RESIDENT _____

Your primary physician's name and address:

The telephone number is _____

If you wish to contact your physician and need assistance, please ask the Charge Nurse to assist you.

The Long term care Ombudsman can be reached by calling 1-800-889-2047. If you wish to call the Ombudsman and need assistance, please ask the Social Service Designee or Charge Nurse to assist you.

I understand that I have the right to file a complaint with the Department of Licensing and Protection concerning any abuse, neglect, or misappropriation of resident property. The phone number is 800-564-1612.

I have received a copy of both the Thompson House Resident Handbook and both the Federal Resident's Rights and Vermont Resident Rights guidelines.

I understand the information as explained to me by

Resident/Sponsor/POA/Responsible Party

Witness

Date

Thompson House Representative

PARTICIPATING PHYSICIANS

TAYLOR-OLSON, CAROLYN, MD

17 Belmont Ave.
Brattleboro, VT
802-257-8847 (MEDICAL DIRECTOR)

BACKUS, ROBERT, MD

Route 30
Townshend, VT 05353
802-365-4331

BLOFSON, TONY, MD

120 Maple St.
Brattleboro, VT 05301
802-254-1311

LINDER, MOSS, MD

Grace Cottage Hospital
Townshend, VT 05353
802-365-4331

TORTOLANI, ROBERT, MD

63 Belmont Ave.
Brattleboro, VT 05301
802-254-1113

PAASCHE, DENISE, MD

120 Maple St.
Brattleboro, VT 05301
802-254-1311

SHAHER, TIMOTHY, MD

PO Box 206
Townshend, VT 05353
802-365-4354

SCZESNY, MARTINA, MD

63 Belmont Ave.
Brattleboro, VT 05301
802-258-4922

STITLEMAN, MARTHA, MD

Post-Acute Care
Brattleboro, VT 05301
802-257-8847

The following Practitioners will see residents at Thompson House:

NEUMEISTER, DAVID, DDS

Dentist
412 Western Ave.
Brattleboro, VT 05301
802-254-2384

LEIBOW, KIMBERLY, DPM

Podiatrist
382 Canal Street
Brattleboro, VT 05301
802-254-0202

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

STATEMENT OF ACKNOWLEDGMENT

I, _____, acknowledge that the staff person listed below has reviewed the following information with me on this date:

Resident Rights;
Resident Responsibilities;
The Resident Handbook which explains
Grievance/Concern Procedures;
Guidelines Governing Resident Conduct;
Abuse Prevention Policy;
Services Available/Related Fees;
and
Charges for Services not covered under the
basic per diem rate of Thompson House;
Advance Directives

I further acknowledge that I have been encouraged to ask questions, that I fully understand the above information, and have been given a copy for my future reference.

Date

Signature of Resident/Responsible Party

Date

Signature
Thompson House Representative

In the event that documented proof exists that a resident has been adjudicated incompetent by the State of Vermont or his/her physician has documented that the resident is incapable of understanding his/her rights and responsibilities, this document may be signed on behalf of the resident by his/her responsible party.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

PERSONAL FUNDS AUTHORIZATION FORM

RESIDENT _____

RESIDENT NUMBER _____

DATE _____

The purpose of this form is to request and authorize the Brattleboro Mutual Aid Association, Inc. (BMAA) to hold and dispense my personal funds as I request.

BMAA will keep complete records of all deposits and disbursements of my funds and will provide me or my designated financial representative (or both) a monthly report of the transactions within my account.

I understand that all funds will be deposited in an interest bearing account with Brattleboro Savings and Loan Association and that there is no limit* on the amount of funds I may keep in my personal needs account.

I further understand that I will be requested to sign a receipt when money is either deposited or withdrawn from my account and that this personal funds authorization can be withdrawn at any time by me or my designated financial representative upon written notification to BMAA.

Signature of Resident/ Financial Representative

Signature of Witness

* Medicaid residents are advised that under Title XIX when the amount in a resident's personal needs account reaches \$200 less than the SSI resource limit for one person and that, if the amount in the account, in addition to the value of the resident's other non-exempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

BMAA will notify the resident or designated financial representative (or both) when the account balance nears the amounts stated above.

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

CERTIFICATION AND RECERTIFICATION

(Extended Care Facility)

CERTIFICATION

of resident admission. Required at time of admission.

Resident

Health Insurance Claim #

Admission Date

I certify that post-hospital ECF services are required to be given on an in-patient basis because of the above named resident's need for skilled nursing care on a continuing basis for the condition(s) for which s/he was receiving in-patient hospital service prior to his/her transfer to Thompson House or Thompson House II.

Physician

Date and Time

RECERTIFICATION

of continued ECF in-patient care. On or before the 14th day.

Date

I certify that continued ECF in-patient care is necessary for the following reason(s).

Physician

Date

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

2ND RECERTIFICATION

of continued ECF in-patient care. On or before the 44th day.

Date

I certify that continued ECF in-patient care is necessary for the following reason(s).

Physician

Date

3RD RECERTIFICATION

of continued ECF in-patient care. On or before the 74th day.

Date

I certify that continued ECF in-patient care is necessary for the following reason(s).

Physician

Date

BRATTLEBORO MUTUAL AID ASSOCIATION, INC.

Thompson House

RESIDENT'S NAME: _____

PHYSICIAN: _____

ADMISSION DATE: _____

My alternate Physician or the Brattleboro Mutual Aid Association, Inc. Medical Director may cover this resident in my absence.

I certify that the above named resident is in need of:

_____ SNF care

_____ NF care

on a continuing basis due to medical necessity.

I have reviewed the hospital admission Physical and History and find it to be current.

Physician

Date

STATE OF VERMONT residents' Rights and Grievance Procedure

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As a resident of a nursing home you continue to have individual rights. Listed below is a summary of your rights and facility grievance procedure. A complete copy of patients' rights, along with a nursing home's grievance procedure, is available to anyone upon request from each individual nursing home. The summary also explains what to do if you have a problem or complaint.

YOUR RIGHTS

- You have the right to be treated with dignity and respect.
- You have the right to make a suggestion or voice a complaint without being interfered with or treated differently.
- You have the right to visit or communicate with anyone you choose. You have the right to refuse visitors you don't want to see.
- You have the right to receive the care you need, free of mistreatment or abuse.
- You have the right to be free from restraints, whether physical (for example, a vest restraint) or chemical (for example, medications) except when necessary for your welfare or to protect you or others from injury.
- You have the right to keep and use your personal belongings as long as there is enough space, and they don't interfere with your roommate or other residents.
- You have the right to vote.
- You and your family have the right to organize, maintain and participate in resident or family councils.
- You have the right to participate in activities of social, religious and community groups if you so desire.
- You have the right to remain in your room unless you are transferred or discharged.
- You have the right to return to the nursing home after a hospital stay, as soon as a bed is available, provided the facility is able to meet your medical needs and provided your welfare, or that of other residents, will not be adversely affected.
- If you receive help from Medicaid in paying for your care, the facility will hold your bed for you up to ten days while you are in the hospital. If you pay for your care entirely with your own funds or with Medicare, this facility will hold your bed as long as you pay for it.
- If you receive help from Medicaid, you may leave the nursing home for overnight visits for up to 24 days each year and still keep your bed in the nursing home. For example, you could go home for holidays. If you or Medicare pays for your care, you must make your own payment arrangements for overnight absences.

You have the right to stay in the nursing home unless:

- Staying there would adversely affect your welfare or that of other residents
- The nursing home can no longer provide the care you need
- Your bill isn't paid
- The facility ceases to operate
- You have been required to leave or transfer by a court of law

STATE OF VERMONT residents' Rights and Grievance Procedure

Page 2/3

If you are asked to leave a facility, the facility must give you 30-days-notice except in emergencies. If you need to be transferred to another room, the facility must give you 72-hours-notice.

- You may appeal the decision to discharge or transfer you, and you may remain in your room while awaiting the decision.
- You have the right to participate in your treatment and care.
- You have the right to choose your own doctor.
- You have the right to know your medical condition and you have the right to help plan your care and to know about different ways to have your care or treatment provided.
- If you have pain, you have the right to a professional assessment and management of pain.
- You have the right to refuse care or treatment, to the extent permitted by law, and to know what may happen if you refuse. This includes the right to leave the nursing home. The nursing home will not be held responsible if you choose to refuse treatment or care provided.
- You have the right to privacy and confidentiality.
- You have the right to privacy when someone visits.
- You have the right to privacy in treatment and in care for your personal needs.
- You have the right to send and receive mail unopened.
- You have the right to use a phone in a quiet place for a private conversation.
- You have the right to share a room with your spouse or your reciprocal beneficiary if you both live in the nursing home.
- You have the right to have all your medical and personal records kept confidential, except as required by law or regulation. Staff may see your records in order to provide proper care, but they cannot talk about you outside of the nursing home.
- You have the right to be informed about services and charges and the facility's state inspection reports.
- You have the right to know the rules of the nursing home and what your responsibilities are.
- You have the right to know what kinds of services the nursing home offers and how much you must pay for them.
- You have the right to be informed about eligibility for hospice services and the circumstances under which hospice services may be available to you.
- You have the right to manage your own money. The nursing home may help you, if you ask in writing, and the nursing home will show you your financial records every three months.
- You have the right to review reports of state and federal inspectors of the facility and to have a copy of the reports.

GRIEVANCE PROCEDURE

If you have a problem or a complaint, you may either try to resolve it through our grievance procedure or you may contact the Division of Licensing and Protection at 1-800-564-1612 or the Ombudsman at 1-800-889-2047

IF YOU HAVE A COMPLAINT

If you have a complaint, please speak with either the administrator of the nursing home, the director of nursing or the social service director. He or she will write your complaint down and let you know within seven working days what the nursing home will do to resolve the problem. If you are not satisfied and would like outside help in resolving the problem, let the facility know, and they can provide you with the contact information for the Ombudsman serving that facility or you may call 1-800-889-2047.

IF YOU WANT OUTSIDE HELP

If you want outside help, the Vermont Department of Disabilities, Aging and Independent Living, Division of Licensing and Protection licenses, regulates and surveys nursing homes. The Division investigates complaints of poor care or sub-standard conditions. You may direct a problem or complaint to this division by calling 1-800-564-1612 or (802) 871-3317 Voice/TTY or by writing to the Division of Licensing and Protection, 103 South Main Street, Ladd Hall, Waterbury, Vermont 05671-2306.

If you would like someone else outside the nursing home to help you or speak on your behalf, you may contact the Ombudsman at 1-800-889-2047. The Ombudsman will keep all information, even your name, confidential unless you give permission to use it. Ombudsman help is free of charge.

**From the Federal Medical Assistance (Medicaid) Law, 42 U.S.C. § 1396r(c)
SPECIFIED RIGHTS**

A nursing facility must protect and promote the rights of each resident, including each of the following rights:

Free choice The right to choose a personal attending physician, to be fully informed in advance about care and treatment, to be fully informed in advance of any changes in care or treatment that may affect the resident's well-being, and (except with respect to a resident judged to be incompetent) to participate in planning care and treatment or changes in care and treatment.

Free from restraints The right to be free from physical or mental abuse, corporal punishment, involuntary seclusion, and any physical or chemical restraints imposed for purposes of discipline or convenience and not required to treat the resident's medical symptoms. Restraints may only be imposed—

(I) to ensure the physical safety of the resident or other residents, and

(II) only upon the written order of a physician that specifies the duration and circumstances under which the restraints are to be used (except in emergency circumstances specified by the Secretary until such an order could reasonably be obtained).

Privacy The right to privacy with regard to accommodations, medical treatment, written and telephonic communications, visits, and meetings of family and of resident groups.

Confidentiality The right to confidentiality of personal and clinical records and to access to current clinical records of the resident upon request by the resident or the resident's legal representative, within 24 hours (excluding weekends or holidays) after making such a request.

Accommodation of needs The right—

(I) to reside and receive services with reasonable accommodation of individual needs and preferences, except where the health or safety of the individual or other residents would be endangered, and

(II) to receive notice before the room or roommate of the resident in the facility is changed.

Grievances The right to voice grievances with respect to treatment or care that is (or fails to be) furnished, without discrimination or reprisal for voicing the grievances and the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

Participation in resident and family groups The right of the resident to organize and participate in resident groups in the facility and the right of the resident's family to meet in the facility with the families of other residents in the facility.

Participation in other activities The right of the resident to participate in social, religious, and community activities that do not interfere with the rights of other residents in the facility.

Examination of survey results The right to examine, upon reasonable request, the results of the most recent survey of the facility conducted by the Secretary or a State with respect to the facility and any plan of correction in effect with respect to the facility.

Refusal of certain transfers The right to refuse a transfer to another room within the facility, if a purpose of the transfer is to relocate the resident from a portion of the facility that is not a skilled nursing facility (for purposes of subchapter XVIII of this chapter) to a portion of the facility that is such a skilled nursing facility.

Other rights Any other right established by the Secretary. The right to privacy shall not be construed as requiring the provision of a private room. A resident's exercise of a right to refuse transfer shall not affect the resident's eligibility or entitlement to medical assistance or a State's entitlement to Federal medical assistance under this subchapter with respect to services furnished to such a resident.

NOTICE OF RIGHTS

A nursing facility must—

(i) inform each resident, orally and in writing at the time of admission to the facility, of the resident's legal rights during the stay at the facility and of the requirements and procedures for establishing eligibility for medical assistance, including the right to request a financial assessment under this law;

(ii) make available to each resident, upon reasonable request, a written statement of such rights, including any notice developed under this law;

(iii) inform each resident who is entitled to medical assistance –

(I) at the time of admission to the facility or, if later, at the time the resident becomes eligible for such assistance, of the items and services (including those specified under this law) that are included in nursing facility services under the State plan and for which the resident may not be charged (except as permitted under this law), and of those other items and services that the facility offers and for which the resident may be charged and the amount of the charges for such items and services; and

(II) of changes in the items and services described in (I) and of changes in the charges imposed for items and services described in (I); and

(iv) inform each other resident, in writing before or at the time of admission and periodically during the resident's stay, of services available in the facility and of related charges for such services, including any charges for services not covered under this law or by the facility's basic per diem charge. The written description of legal rights under should include a description of the protection of personal funds under this law and a statement that a resident may file a complaint with a State survey and certification agency regarding resident abuse and neglect and misappropriation of resident property in the facility.

RIGHTS OF INCOMPETENT RESIDENTS

In the case of a resident judged to be incompetent under the laws of a State, the rights of the resident shall, to the extent judged necessary by the proper court, be exercised by, the person appointed under State law to act on the resident's behalf.

USE OF PSYCHOPHARMACOLOGIC DRUGS

Psychopharmacologic drugs may be administered only on the orders of a physician and only as part of a plan (included in the written plan of care described above) designed to eliminate or modify the symptoms for which the drugs are prescribed and only if, at least annually an independent, external consultant reviews the appropriateness of the drug plan of each resident receiving such drugs.

TRANSFER AND DISCHARGE RIGHTS

In general

A nursing facility must permit each resident to remain in the facility and must not transfer or discharge the resident from the facility unless—

(i) the transfer or discharge is necessary to meet the resident's welfare and the resident's welfare cannot be met in the facility;

(ii) the transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the facility;

(iii) the safety of individuals in the facility is endangered;

(iv) the health of individuals in the facility would otherwise be endangered;

(v) the resident has failed, after reasonable and appropriate notice, to pay for a stay at the facility; or

(vi) the facility ceases to operate.

In each of the cases described in (i) through (iv), the basis for the transfer or discharge must be documented in the resident's clinical record. In the cases described in (i) and (ii), the documentation must be made by the resident's physician, and in the case described in (iv) the documentation must be made by a physician. For purposes of (v), in the case of a resident who becomes eligible for assistance after admission to the facility, only charges which may be imposed under this law shall be considered to be allowable.

Pre-transfer and pre-discharge notice

In general Before effecting a transfer or discharge of a resident, a nursing facility must—

(I) notify the resident (and, if known, an immediate family member of the resident or legal representative) of the transfer or discharge and the reasons for the discharge;

(II) record the reasons in the resident's clinical record (including any documentation required above); and

(III) include in the notice the items described below.

Timing of notice The notice must be made at least 30 days in advance of the resident's transfer or discharge except

(I) when the safety of individuals in the facility is endangered or the health of individuals in the facility would otherwise be endangered;

(II) when the resident's health improves sufficiently to allow a more immediate transfer or discharge;

(III) the resident's welfare cannot be met in the facility and a more immediate transfer or discharge is necessary because of the resident's urgent medical needs; or

(IV) in a case where a resident has not resided in the facility for 30 days. In the case of such exceptions, notice must be given as many days before the date of the transfer or discharge as is practicable.

Items included in notice: Each notice must include—

- (I)** Notice of the resident’s right to appeal the transfer or discharge under the State process established under this law;
- (II)** the name, mailing address, and telephone number of the State long-term care ombudsman;
- (III)** in the case of residents with developmental disabilities, the mailing address and telephone number of the agency responsible for the protection and advocacy system for developmentally disabled individuals established under subtitle C of the Developmental Disabilities Assistance and Bill of Rights Act of 2000; and
- (IV)** in the case of mentally ill residents, the mailing address and telephone number of the agency responsible for the protection and advocacy system for mentally ill individuals established under the Protection and Advocacy for Mentally Ill Individuals Act.

Orientation A nursing facility must provide sufficient preparation and orientation to residents to ensure safe and orderly transfer or discharge from the facility.

Information respecting advance directives A nursing facility must comply with the requirement of federal Medicaid law (relating to maintaining written policies and procedures respecting advance directives).

ACCESS AND VISITATION RIGHTS

A nursing facility must—

- (A)** permit immediate access to any resident by any representative of the Secretary, by any representative of the State, by a State long-term care ombudsman, by a protection and advocacy agency for persons with developmental disabilities or mental illness, or by the resident’s individual physician;
- (B)** permit immediate access to a resident, subject to the resident’s right to deny or withdraw consent at any time, by immediate family or other relatives of the resident;
- (C)** permit immediate access to a resident, subject to reasonable restrictions and the resident’s right to deny or withdraw consent at any time, by others who are visiting with the consent of the resident;
- (D)** permit reasonable access to a resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident’s right to deny or withdraw consent at any time; and

(E) permit representatives of the State ombudsman, with the permission of the resident (or the resident's legal representative) and consistent with State law, to examine a resident's clinical records.

EQUAL ACCESS TO QUALITY CARE

In general

A nursing facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services required under the State plan for all individuals regardless of source of payment.

Construction

(i) Nothing prohibiting any charges for non-medicaid patients. This shall not be construed as prohibiting a nursing facility from charging any amount for services furnished, consistent with the notice above describing such charges.

(ii) No additional services required. This shall not be construed as requiring a State to offer additional services on behalf of a resident than are otherwise provided under the State plan.

PROTECTION OF RESIDENT FUNDS

In general

The nursing facility—

(i) may not require residents to deposit their personal funds with the facility, and

(ii) upon the written authorization of the resident, must hold, safeguard, and account for such personal funds under a system established and maintained by the facility in accordance with this section.

Management of personal funds

Upon written authorization of a resident, the facility must manage and account for the personal funds of the resident deposited with the facility as follows:

(i) **Deposit** The facility must deposit any amount of personal funds in excess of \$50 with respect to a resident in an interest bearing account (or accounts) that is separate from any of the facility's operating accounts and credits all interest earned on such separate account to such

account. With respect to any other personal funds, the facility must maintain such funds in a non-interest bearing account or petty cash fund.

(ii) Accounting and records The facility must assure a full and complete separate accounting of each such resident's personal funds, maintain a written record of all financial transactions involving the personal funds of a resident deposited with the facility, and allow the resident (or a legal representative of the resident) reasonable access to such record.

(iii) Notice of certain balances The facility must notify each resident receiving medical assistance under the State plan of when the amount in the resident's account reaches \$200 less than the dollar amount determined under this law and the fact that if the amount in the account (in addition to the value of the resident's other nonexempt resources) reaches the amount determined under such section the resident may lose eligibility for such medical assistance or for benefits.

(iv) Conveyance upon death Upon the death of a resident with such an account, the facility must convey promptly the resident's personal funds (and a final accounting of such funds) to the individual administering the resident's estate.

Limitation on charges to personal funds

The facility may not impose a charge against the personal funds of a resident for any item or service for which payment is made under this law.

LIMITATION ON CHARGES IN CASE OF MEDICAID-ELIGIBLE INDIVIDUALS

In general

A nursing facility may not impose charges, for certain Medicaid-eligible individuals for nursing facility services covered by the State under its plan that exceed the payment amounts established by the State for such services.

"Certain Medicaid-eligible individual" defined

The term "certain Medicaid-eligible individual" means an individual who is entitled to medical assistance for nursing facility services in the facility under this subchapter but with respect to whom such benefits are not being paid because, in determining the amount of the individual's income to be applied monthly to payment for the costs of such services, the amount of such income exceeds the payment amounts established by the State for such services under this subchapter.

POSTING OF SURVEY RESULTS

A nursing facility must post in a place readily accessible to residents, and family members and legal representatives of residents, the results of the most recent survey of the facility.