3855 Dartmouth College Highway ★ N. Haverhill, New Hampshire 03774-4909 Phone: 603-787-6971 / Fax: 603-787-2035

ADMISSION INFORMATION - PART I





Grafton County Nursing Home ADMISSION INFORMATION - PART I

TABLE OF CONTENTS

- Introduction Letter
- Philosophy of GCNH
- Family Informational Sheet
- Admission Procedures
- Beautician Services
- Bed Hold Policy
- Flame Retardant Furniture Policy
- Pets and Animals Policy
- Notice of Transfer/Discharge & Requesting an Appeal of This Decision
- Instructions for Completing the Transfer/Discharge Notice
- Hearing Request Form to Appeal Resident's Notice of Transfer/Discharge
- Patients' Bill of Rights Hospitals and Sanitaria Long Term Care Info 2021 NH Statue
 151-21
- Grievances/Complaints Filing of Policy
- Grievances/Complaints Staff Responsibility Policy
- GCNH Department Managers & Assistants

REV. 02/24/21



3855 Dartmouth College Highway • North Haverhill, NH 03774-4909 Phone: (603) 787-6971 • Fax: (603) 787-2035

Dear Family Member, Friend, or Legal Representative:

We wish to thank you for inquiring about Grafton County Nursing Home. This informational packet will introduce you to Grafton County Nursing Home as well as the admission process.

Please review the information, and if you are interested in pursuing admission or would like a personal interview, please call to schedule a time. I will also be happy to give you a tour of our Nursing Home. For your convenience, I have enclosed an Admission Application.

We are here to assist you and help provide answers to any questions you may have. You may contact me at 603-787-6971 (ext 4008), Monday through Friday, between the hours of 8am - 4pm.

Sincerely,

Jessica Kaminski, Social Service Director



3855 Dartmouth College Highway • North Haverhill, NH 03774-4909 Phone: (603) 787-6971 • Fax: (603) 787-2035

Dear Family Member, Friend, or Legal Representative:

Our philosophy at Grafton County Nursing Home is that the quality of our residents' lives is the most important factor in their care. Our objective is to make our residents' lives as happy and as complete as possible. We are committed to providing preventative and restorative care for all residents. To this end, we will attempt to provide a safe, comfortable, home-like atmosphere based upon each resident's individual needs and preferences, recognizing their rights to choice, dignity, and quality of life.

Every resident is advised of the importance of Advanced Directives in the event of future incapacity (living wills, cardiopulmonary resuscitation, and nutritional hydration). When an Advance Directive has been executed, a copy will be placed in the resident's medical chart as a directive to physicians and nursing staff.

If you have questions or would like to have more information regarding Advanced Directives, please call me at (603) 787-6971, ext. 4008; office hours are Monday-Friday, 8am - 4pm.

Thank you for your courtesy.

Sincerely,

Jessica Kaminski, Social Service Director



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To the Family of the Resident:

We are pleased to welcome a member of your family to Grafton County Nursing Home. We would like to make the transition to our nursing home as comfortable as possible for both you and your family member. Our experience has shown that families frequently have questions regarding the admission process to a nursing home. We hope the following information will be helpful to you.

WHAT KIND OF PLACE IS GRAFTON COUNTY NURSING HOME?

Grafton County Nursing Home is a smoke-free, licensed nursing home, intermediate and/or skilled care facility for 135 residents. It is a county facility that gives priority to residents of Grafton County who require intermediate/skilled level of nursing care. Medical care for residents is coordinated by our attending providers: Lili Cargill, APRN and Michael Cote, APRN.

Nondiscrimination

No resident shall be denied any service enumerated or be subject to discrimination because of age, race, national origin, sex, handicap, physical condition, or developmental disability as designated by federal and state civil laws and guidelines.

IF I WANT TO ASK ABOUT THE RESIDENT, WHO DO I TALK TO?

WITH THE RESIDENT'S WRITTEN PERMISSION:

If it is a <u>medical question</u>, please contact the resident's day charge nurse on the floor where the resident resides. If the nurse cannot answer your questions, the attending physician can be consulted.

If it is a <u>financial question</u>, please contact the Business Office. You can either mail your inquiry or call the office at 603-787-6971. They are available Monday - Friday, 8am - 4pm.

Any questions that are <u>not of medical or financial</u> nature may be referred to the Administrator at 603-787-6971, ext 4000.

WHO PAYS THE BILLS?

<u>Medicaid</u> - Financial assistance providing health care to persons with limited income (financed by federal and state governments). Please see attached pamphlet: *Medicaid Income and Asset Rules for Nursing Home Residents*.

<u>Medicare</u> - Federal health insurance for persons 65 years old or older who require skilled or intensive care. Federally financed for partial payment of up to 100 days in a certified facility following a hospital stay of at least three days.

ADMISSION INFORMATION

<u>Medicare will not pay for intermediate care</u> - Patients who are not eligible for Medicaid may be admitted as private patients if they have personal funds to cover the per-day costs and require intermediate care.

<u>Medicare Part A (SNF)</u> - will only pay for services determined to be medically necessary in the diagnosis or treatment of a specific illness or injury.

WHAT DO I DO WITH SOCIAL SECURITY, RAILROAD RETIREMENT, VETERAN'S BENEFITS?

If a Medicaid recipient, all checks and/or income must be turned over to Grafton County Nursing Home to be applied against the resident's room and board account. Medicaid recipients are not billed monthly. Please automatically forward the required amount to the nursing home as it is received, or approve direct payment to GCNH.

ARE THERE ANY FUNDS TO BE USED FOR THE RESIDENT'S PERSONAL USE?

For Medicaid recipients, a portion of their money is placed in the resident's account for a personal needs allowance: NH Residents are allotted a \$74 personal needs allowance; VT Residents are allotted a \$72.66 personal needs allowance.

WHAT HAPPENS IF THEY RECEIVE MEDICAID AND THEIR PERSONAL MONEY BUILDS UP?

If the resident is Medicaid eligible, they must stay within income-eligible limits. Should their income exceed the amount allowed, they will need to spend down their money. Below is a list of options to assist with spend down:

- Establish an irrevocable burial contract with a funeral home of your choice if a pre-paid funeral has not already been established.
- Purchase personal equipment that is recommended by medical staff (eye glasses, mobility aids, hearing aids, lift chair, etc.).
- Purchase personal items for themselves.

The bookkeeper will assist you if you have questions pertaining to personal money.

WHAT HAPPENS IF I DECIDE TO MANAGE THE PERSONAL NEEDS ALLOWANCE FOR THE RESIDENT?

As legal representative, you may handle the resident's personal money. Our records will indicate to the State Medicaid office that you are handling the resident's funds. However, it is suggested that a balance be left in the resident's account to cover any incidental expenses.

The provider of a service requires payment at the time of the service. Also, any purchases of personal items require payment at the time of the purchase. If there is no money available in the resident's account, you will be contacted prior to any such expenses are incurred. This may prove to be an inconvenience to both the resident and to you.

REGARDING RESIDENT CHARGES:

An example of items not included in the daily rate and not covered under the Medicaid/Medicare insurance program and for which the resident will be charged should he/she request such items, are:

ADMISSION INFORMATION

- ★ Satellite TV Service Monthly service fee is \$15.00
- ★ Telephone services
- ★ Purchasing of clothing items
- ★ Newspapers, magazines, and books
- ★ Individual personal items
- ★ Stamps
- ★ Spa pedicures with polish \$35
- ★ Spa pedicures without polish \$30

- ★ Candy, alcoholic beverages, razors, and razor heads
- ★ Dry cleaning
- Seamstress services:
 - * clothing zippers \$1 each
 - * jacket zippers \$2 each

RESIDENT SAFETY:

To keep our residents safe and to adhere to strict Life Safety Codes:

- NO extension cords are permitted in resident rooms. If an extension cord or non-hospital grade power strip is found in a resident's room, it will be removed immediately.
- NO power strips are permitted in resident rooms, except as stated. If additional electric plugs are needed for items in a resident's room, a **Hospital Grade Power Strip** can be purchased from the Nursing Home.

We appreciate your cooperation.

PURCHASING GUEST MEALS:

A resident's guest is welcome to purchase a meal for \$3 in the Employee Dining Room. A payment box has been provided (next to the serving table) for your convenience. You may purchase your daytime meal from 11 a.m. - 12 p.m.; You may purchase your evening meal from 5:00 - 5:30 p.m. Payment is expected prior to obtaining your meal.

Guests may bring their meal to the unit they are visiting or they may stay and eat in the Employee Dining Room. Trays, utensils, etc. are expected to be returned to the dish drop-off area near the Employee Dining Room.

RESIDENT'S PERSONAL BELONGINGS:

Clothing items:

Please make nursing staff aware when you bring in any personal clothing items. All personal clothing items will be taken to the Laundry Department to have a resident name label placed on them. All clothing items will be labeled by our laundry department.

<u>Televisions</u>, <u>telephones</u>, <u>radios</u>, <u>furniture</u>, <u>etc.</u>:

- These items **MUST** be labeled with the resident's name and inspected by the Maintenance Department. GCNH is *not* responsible for misplaced items that have not been labeled.
- Please make Social Services aware of any/all items you bring into the facility so it can be recorded in the resident's records.
- Televisions must be 22" or smaller (measuring diagonally, from tip to tip). NOTE: Prior to bringing furniture into the nursing home, it is important that you read the attached policy regarding "Flame Retardant Furniture."

ADMISSION INFORMATION

regarding "Flame Retardant Furniture."

Air Conditioning Units:

Air conditioning units over 7,000 BTUs **will not** be installed in resident rooms; this is due to the stress which large air conditioners place on our windows. We kindly ask that if you would like an air conditioner in your room, you abide by this requirement and purchase an appropriate unit that is **below** 7,000 BTUs. The Grafton County Maintenance Department will be happy to install it for you.

Discarding personally owned resident furniture:

Any furniture owned by the resident that can no longer be used to benefit the resident, **MUST** be picked up or disposed of by the family, DPOA, or other responsible party. Otherwise, the resident will be billed for any expenses incurred by GCNH in the disposition of such items.

If you have any questions, please feel free to speak to anyone in the Social Services Department. We thank you for your understanding and cooperation.

PETS AND ANIMALS VISITING THE NURSING HOME:

We ask that you read and abide by our attached policy, "Activities Dept. - Pets and Animals."

MEDICATIONS:

GCNH has a contractual agreement with *Health Direct* to provide routine, emergency drugs and biologicals to our residents. Per Federal regulation, the services of a pharmacy to residents of a nursing facility must provide the following services:

- Consultation on all aspects of the provision of pharmacy services;
- Establish a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable accurate reconciliation;
- The drug regimen of each resident must be reviewed at least once a month by a licensed pharmacist;
- Report any irregularities to the attending physician and the Director of Nurses.

The Pharmacist is an important contributor and team member in the facility's Quality Improvement Program and attends the Quarterly QI Meetings mandated by federal law.

Residents and/or their legal representative may choose to use their own pharmacy. Medications received through a private pharmacy must be re-ordered and delivered by the resident/legal representative to the facility where it will be administered by the nursing staff. There is no provision for the facility to pick up and deliver the medications to the facility.

REV: 03/04/22



GRAFTON COUNTY NURSING HOME

3855 Dartmouth College Highway • North Haverhill, NH 03774-4909 *Phone:* (603) 787-6971 • Fax: (603) 787-2035

ADMISSION PROCEDURES

Referral of Admissions:

- 1. All referrals for admission will be made through the Social Service Department.
- 2. All required paperwork must be completed and submitted to the Social Service Department.
- 3. Referrals will be screened by the admissions team to determine appropriateness of placement.
- 4. Once a completed application has been received, the name of the referral will be placed on the waiting list for an appropriate bed.
- 5. The referring agency/person will be notified if the person does not meet admission criteria.

Pre-Admission Requirements:

- 1. Personal Interview and Application/Social History forms must be completed. Once completed and returned, the applicant's name will be placed on our waiting list.
- 2. Patient Care Referral forms must be completed by the applicant's attending physician. Approval for intermediate care or if Medicaid eligible, must be obtained through the Office of Long Term Care, Concord, New Hampshire.

3. Financial Review

- a. Medicaid Applicants: Financial eligibility will be determined by the Department of Health and Human Services, Littleton District office, or if applicable, other district offices.
- b. On July 3, 2013, Senate Bill 138 (SB 138) became law, allowing long-term care facilities, such as Grafton County Nursing Home, the ability to pursue recovery costs, at the facility's current Medicaid rate, for care provided to a resident from those who have a fiduciary responsibility (Guardian or Durable Power of Attorney for Finance) over the individual. For example, when an application for Medicaid is not filed in a timely manner or when a resident is not able to receive Medicaid benefits due to an inappropriate transfer of their assets within the five (5) year look-back period, are both examples of when SB 138 would apply.

ADMISSION PROCEDURES Page 2

- c. Room Rates: The current room and board cost is \$315 per day for a private room and \$295 for a semi-private room. Should this rate change, you will be provided a 30-day notice. *NOTE:*
 - ➤ The room and board cost does *not* include medications, physician charges, dry cleaning, or transportation to outside providers.
 - Medications are obtained through Kinney Drugs, Inc., d/b/a Health Direct Institutional Pharmacy Services, Gouverneur, New York. For private-paying residents, the responsible party of the resident will be billed for medications directly from Health Direct or they can go to their own pharmacy.

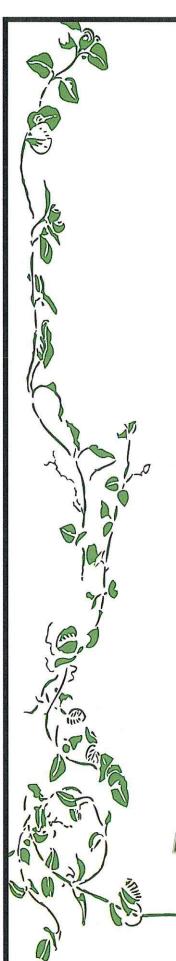
4. Advance Directives

a. Prior to admission, it is suggested that a resident establish a Guardianship or a Durable Power of Attorney for healthcare and finances. Once admitted, Social Service's staff are available to help residents execute Advanced Directives.

Upon request, pre-admission forms will be mailed to the person/agency. It will be their responsibility to have the forms completed and returned to Grafton County Nursing Home, Social Services Department.

- IMPORTANT MESSAGE -

REFERRALS CANNOT BE PROCESSED UNLESS ALL REQUIRED FORMS ARE COMPLETED.



Grafton County Nursing Home BEAUTICIAN SERVICES

SERVICE LIST

Women's Trim
Mustache & Beard Trim
Men's Shampoo
Women's Shampoo
Shampoo & Set
Shampoo & Blow Dry
Men's/Women's Haircut
Shampoo, Cut, & Set
Shampoo, Cut, & Set
Shampoo, Cut, & Color
Color Only
Permanent

Beautician Services are at NO CHARGE to the resident

ORIGINATION DATE: 01/01/08

Policy Statement

The facility shall hold a Resident's bed open for a period of ten (10) calendar days if Resident left for emergency medical treatment and there is reasonable expectation that the Resident will return within ten (10) days provided the following conditions are met:

Policy Interpretation and Implementation

- 1. When a Resident leaves the facility for emergency medical treatment, the facility shall hold the bed open for the Resident for ten (10) calendar days if there is a reasonable expectation that the Resident will return within ten (10) days and if the facility receives payment for the period of absence, provided that no town, city, county, or state funds shall be used for such payment. Temporary absences for therapeutic reasons shall be limited to ten (10) days a year.
- 2. When the Resident's medical leave of absence is longer than ten (10) days, the Resident shall have the option to return to the facility for the next available bed.
- 3. We recognize that Medicaid will only hold a bed for a participant in the Medicaid programs for a set period of time. When the Resident's hospitalization or absence exceeds the period allowed under the New Hampshire State Medicaid plan, currently up to ten (10) days, the facility will discharge the Resident from the facility. Thereafter, the facility agrees to readmit the discharged Resident when the next appropriate bed becomes available, provided that the Resident continues to require the care this facility provides and continues to be eligible for Medicaid nursing facility services.
 - a. For Residents not covered by the Medicaid program, arrangements must be made to pay the daily private rate then in effect. If no such arrangements are made, the Resident is discharged upon leaving the facility.
- 4. When the former Resident (discharged without bed hold) is ready for re-admission, we will give him/her, if medically eligible, every consideration for the first available bed.
- 5. When a Resident wishes to take a leave of absence, it should be coordinated through Nursing and Social Services. The maximum number of days allowed annually for the LOA is thirty (30) days per Resident per state fiscal year, provided that the following criteria are met:
 - a. Such days shall be specified in the Resident's plan of care;
 - b. The plan of care shall describe provisions for continuity of care while the Resident is out of the facility; and
 - c. Such days shall not be for hospitalization or for transferring to another facility.
- 6. When a recipient is on reserved bed day status, DHHS shall not pay separately for any services covered as part of the facility's rate pursuant to He-W 593.09.
- 7. The number and frequency of leave days and reserved bed days shall be considered in evaluating the continuing need of the Resident for nursing facility care.
- 8. The failure or refusal of a facility to hold a Resident's bed or readmit a Resident as required by He-E 802.14 or RSA 151:25 shall be considered a transfer or discharge and may be appealed by the Resident in accordance with He-E 802.18 and He-C 200.

1 | Page

| REVIEWED DATE - INITIAL: | 10/08/20 – TC | | | |
|--------------------------|---------------|--|--|--|
| REVISED DATE - INITIAL: | 10/08/20 - TC | | | |

Bed Hold (2)

ADMINISTRATIVE MANUAL—SOCIAL SERVICES DEPT

ORIGINATION DATE: 01/01/08

9. It is very important that this policy be followed and the Resident paying privately and the responsible party/guardian/DPOA be informed in advance of this policy so they are given the opportunity to pay for and hold the bed. We cannot guarantee or imply that a bed will be available when the Resident is ready to return beyond the bed hold. Too many changes could occur with the Resident and with the facility.

2 | P a g e

| REVIEWED DATE - INITIAL: | 10/08/20 – TC | | | |
|--------------------------|---------------|--|--|--|
| REVISED DATE - INITIAL: | 10/08/20 - TC | | | |

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 09/01/03

Policy Statement

Grafton County Nursing Home has created a set of guidelines regarding flame retardant furniture. These guidelines will be enforced in order to maintain a safe environment for our residents and meet State fire codes.

Policy Interpretation and Implementation

- 1. Grafton County Nursing Home will only purchase upholstered furniture, linens, curtains, and draperies that are made of flame retardant material.
- 2. Any new upholstered furniture purchased by residents/representatives **must** have proof of flame retardant status, i.e. a tag. Upholstered furniture that does not have proof of fire retardant status will need to be removed immediately from the building.
- 3. Upholstered furniture owned by residents must have proof of fire retardant status prior to a resident's move into the new addition or into the renovated area of the facility. Any upholstered furniture that does not show proof of fire retardant status will not be allowed to move into the new or renovated areas of the facility. This furniture will have to be removed immediately from the facility.
- 4. Upon admission, new residents and their representatives will be informed of this safety policy.
- 5. This policy is effective immediately, October 1, 2003, per the State Fire Marshall's Office.

| REVIEWED DATE - INITIAL: | 10/13/20 - CL | | | |
|--------------------------|---------------|--|--|--|
| REVISED DATE - INITIAL: | 10/13/20 - CL | | | |

ADMINISTRATIVE MANUAL—ACTIVITIES DEPT

ORIGINATION DATE: 03/01/01

1 | Page

Policy Statement

Friends/family members are encouraged to bring pets into the facility and visit loved ones. This policy is intended to help us, as a facility, to protect our resident's health and safety to the best of our ability.

Policy Interpretation and Implementation

- 1. Prior to animal visitations to the facility, their owner MUST provide a copy of their vaccination record or clean bill of health from an accredited veterinarian, which will be filed with the Activities Department and documented as needed.
 - a. The Activities Department will send letters requesting updates as vaccinations expire.
- 2. Visits by a person(s) using a Seeing Eye dog will be considered individually (Note: Seeing Eye dogs are, by legislation, allowed in public areas).
- 3. The Administrator has the authority to allow or prohibit animal visitation in the facility.
 - a. Any dogs that come into the facility must be leashed at all times.
 - b. Any birds, ferrets, or small animals must be caged and remain in the cage throughout the visit.
 - c. Cats must come in a carrier or be on a leash and must either remain in the carrier or on the leash in public areas. Cats may be taken out of the cage or off the leash if the resident has a private room and is able to close the door during the visit.
 - d. Pets will NOT be allowed in any dining areas.
 - e. Animal bathroom needs must be attended to by the person who has brought the animal into the facility. Dogs must be taken to an area outside of the facility at the rear of the parking lot. The front of the building and the areas near the entrances are not to be used.
 - i. Doggie bags and proper disposal is the responsibility of the person bringing the dog into the facility.

| REVIEWED DATE - INITIAL: | 10/13/20 - HF | | | |
|--------------------------|---------------|--|--|--|
| REVISED DATE - INITIAL: | 10/13/20 - HF | | | |

NOTICE OF TRANSFER/DISCHARGE

Pursuant to 42 U.S.C 1396r(c)(2); 42 CFR 483.12; RSA 151:26; He-E 802.15 - 802.18

IMPORTANT: YOU HAVE A RIGHT TO APPEAL THE FACILITY'S DECISION TO TRANSFER OR DISCHARGE YOU. IF YOU THINK YOU SHOULD NOT HAVE TO LEAVE THE FACILITY, YOU MAY REQUEST AN ADMINISTRATIVE HEARING OR FILE AN APPEAL IN SUPERIOR OR PROBATE COURT PURSUANT TO RSA 151:26 IV.

| 1. | DATE OF | NOTICE: |
|------|---------------|--|
| 2. | RESIDEN | |
| | | CILITY: Grafton County Nursing Home |
| | FAC | DRESS: 3855 Dartmouth College Highway, North Haverhill, NH 03774-4909 ILITY CONTACT PERSON: Administrator @ 603-787-6971, ext 4000 |
| | 1710 | ALT 1 001171011 ENGON. Administrator & 000-707-0971, ext 4000 |
| 3. | | TRANSFER/DISCHARGE*: |
| | heal or di | inimum of 30 days advance notice is required unless you have chosen to leave the facility; your ith has improved sufficiently to allow a more immediate transfer or discharge, an immediate transfer ischarge is required by your urgent medical needs, the safety or health of other residents in the ing facility would be endangered or you have resided in the facility for less than 30 days. |
| | | Inder federal and state law, you may only be transferred or discharged from this nursing facility for e following reasons: |
| | • | It is necessary for your welfare and your needs cannot be met in this facility; |
| | > | Your health has improved sufficiently so that you no longer need the services |
| | • | provided by this facility; The health and/or safety of other residents in this facility is endangered; |
| | + | You have failed, after reasonable notice, to pay for (or to have paid under |
| | > | Medicare or Medicaid) a stay at this facility; or The facility ceases to operate. |
| | | |
| 4. | THE REA | SON FOR THIS NOTICE OF YOUR TRANSFER/DISCHARGE IS FOR EVALUATION. |
| 5. | | n to notifying you (the resident) of this transfer/discharge, |
| 6. | This Facil | ity plans to: |
| | | TRANSFER YOU TO: |
| | | □ Cottage Hospital □ Dartmouth-Hitchcock Med. Center □ VA Medical Center |
| | | DISCHARGE YOU TO: |
| | _ | NAME OF FACILITY/LOCATION: |
| | | ADDRESS: |
| | | |
| RES | SIDENT/LE | GAL REPRESENTATIVE SIGNATURE: |
| | | ER SIGNATURE: |
| | | |
| ORIG | GINAL: To F | Resident/Legal Representative YELLOW COPY: To Social Services PINK COPY: To Medical Records |

PINK COPY: To Medical Records

REV: 04/08/2020

REQUESTING AN APPEAL OF THIS DECISION

You have the right to appeal if you disagree with this decision. You may request a fair hearing through the N.H. Department of Health and Human Services. You must file within the time limits set forth below. You may represent yourself at the fair hearing or use a lawyer, relative, friend, or another advocate or representative.

If you are being transferred or discharged with 30 days notice, the following provisions apply:

- <u>If you request a fair hearing within 20 days after receiving this notice, you will not be transferred or discharged until the hearing decision has been made.</u>
- If you receive Medicaid, payments to the facility will continue if you remain in the facility while the appeal is pending.
- If you do not request a fair hearing within 20 days after receiving this notice, you will be transferred or discharged on the date indicated.

If you are being transferred or discharged with less than 30 days notice, you may request an expedited hearing. This request must be made within 10 calendar days of receipt of the notice of transfer or discharge.

In all cases, fair hearing may be requested for up to 90 days after receiving this notice. You may also appeal this decision through Probate or Superior Court.

ASSISTANCE AVAILABLE: The Long-Term Care Ombudsman Program can provide you with assistance in understanding your rights and in helping you to resolve problems with the nursing facility. The program may be contacted at:

Office of the Long-Term Care Ombudsman 129 Pleasant Street, Brown Building Concord, NH 03301 Phone Number: (603) 271-4375 or (800) 442-5640; Fax: (603) 271-5574

FOR LEGAL ASSISTANCE: The following agencies provide legal advice or assistance to eligible persons:

<u>The Senior Citizen Law Project</u>, administered by New Hampshire Legal Assistance (NHLA), serves persons aged 60 and older. They may be contacted at: NHLA Senior Citizen Law Project, 161 Elm Street, Suite 307, Manchester, NH 03101. Phone Number: (888) 353-9944 or (603) 624-6000; Fax: (603) 625-1840

<u>The Disabilities Rights Center</u> provides legal assistance to people with developmental disabilities and mental illnesses. They may be contacted at: Disabilities Rights Center, Inc., 64 North Main Street, Suite 2, 3rd Floor, Concord, NH 03301-4913. Phone Number: (603) 228-0432 or (800) 834-1721; Fax: (603) 225-2077

| Administrator's Signature | Date |
|---------------------------|------|

INSTRUCTIONS FOR COMPLETING THE TRANSFER/DISCHARGE NOTICE

- 1. Enter the date the notice is served upon the resident and representative.
- Enter Resident's complete name and Date of Birth (D/O/B).
- 3. Enter the date of the *proposed* transfer or discharge of the resident.
- 4. No information requested.
- 5. Enter the name of the legal representative, family member, or other party to whom this notice has been given.

A copy of this notice must be given to the resident's legal representative, to family members in accordance with any instructions or limitations given by the resident, and to any other person or agency responsible for the resident's placement, maintenance, and care in the facility. If the facility has been unable to ascertain the name of a family member, legal representative, or other responsible party, indicate "unknown" in the space provided.

- 6. Enter a mark (X) in the appropriate space for either TRANSFER or DISCHARGE,
 - TRANSFER: Check the appropriate box.
 - DISCHARGE: Enter the name of the facility or other location to which the resident is being transferred or discharged. Enter the address and telephone number of the intended location.

SIGNATURE OF TRANSFER/DISCHARGE FORM:

Staff member signs and dates the form as your facility's representative.

DISBURSEMENT:

A copy of the notice shall be transmitted to the **Long-Term Care Ombudsman Program** as soon as it is issued to the resident. If the resident is mentally ill or developmentally disabled, a copy shall also be transmitted to the **Disabilities Rights Center**.

NOTICE OF TRANSFER/DISCHARGE:

Notice must be given at least 30 days before the resident is to be moved, unless an exception to the 30-day notice requirement applies. See He-E 802.15 (e). If the resident is transferred or discharged with notice of less than 30 days, notice must be given to all necessary parties as soon as possible prior to transfer or discharge.

RESIDENT'S RIGHT TO REVIEW TRANSFER/DISCHARGE:

Any employee or agent of the facility or the Department of Health and Human Services who becomes aware that a resident has expressed a desire to have his or her transfer or discharge reviewed shall assist the resident in writing and submit his or her request for a hearing, or shall submit the request on behalf of the resident if the resident is not able to do so.

HEARING REQUEST FORM

| TO BE COMPLETED BY NURSING FACILITY |
|--|
| Resident: |
| Facility: |
| Date of Birth: |
| Date of Transfer/Discharge Notice to Resident: |
| Date of Transfer/Discharge Notice to Family Member or Legal Representative: |
| I WOULD LIKE TO REQUEST A HEARING TO APPEAL THE ABOVE RESIDENT'S NOTICE OF TRANSFER/DISCHARGE. Name of Person Requesting Hearing: |
| Relationship to Resident: |
| Address: |
| Telephone Number: Date: |
| Please indicate if you are requesting an expedited hearing *: Yes No |
| * An expedited hearing is available only if the resident is transferred or discharged with less than 30 days notice and a request for an appeal is filed within 10 calendar days of receipt of the notice. |
| Signature: |
| |

PLEASE COMPLETE THE ABOVE INFORMATION AND <u>ATTACH A COPY OF THE NOTICE</u> <u>OF TRANSFER OR DISCHARGE</u> THAT WAS ISSUED TO YOU BY THE NURSING FACILITY. YOUR HEARING REQUEST FORM MUST BE SUBMITTED TO:

NH Department of Health and Human Services
Administrative Appeals Unit
105 Pleasant Street
Main Building
Concord, NH 03301
Phone Number: (603) 271-4292

PLEASE SEND A COPY OF YOUR HEARING REQUEST FORM TO THE NURSING FACILITY

2021 New Hampshire Revised Statutes Title XI - Hospitals and Sanitaria Chapter 151 - RESIDENTAL CARE AND HEALTH FACILITY LICENSING

Patients' Bill of Rights

The policy describing the rights and responsibilities of each patient admitted to a facility, except those admitted by a home health care provider, shall include, as a minimum, the following:

- **I.** The patient shall be treated with consideration, respect, and full recognition of the patient's dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom the patient has contact, pursuant to RSA 151:3-b.
- II. The patient shall be fully informed of a patient's rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by the patient in writing. When a patient lacks the capacity to make informed judgments the signing must be by the person legally responsible for the patient.
- **III.** The patient shall be fully informed in writing in language that the patient can understand, before or at the time of admission and as necessary during the patient's stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by medicare or medicaid shall also be included in this disclosure.
- IV. The patient shall be fully informed by a health care provider of his or her medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of his or her total care and medical treatment, to refuse treatment, and to be involved in experimental research upon the patient's written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- V. The patient shall be transferred or discharged after appropriate discharge planning only for medical reasons, for the patient's welfare or that of other patients, if the facility ceases to operate, or for nonpayment for the patient's stay, except as prohibited by Title XVIII or XIX of the Social Security Act. No patient shall be involuntarily discharged from a facility because the patient becomes eligible for medicaid as a source of payment.
- VI. The patient shall be encouraged and assisted throughout the patient's stay to exercise the patient's rights as a patient and citizen. The patient may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.

2021 New Hampshire Revised Statutes Title XI - Hospitals and Sanitaria Chapter 151 - RESIDENTAL CARE AND HEALTH FACILITY LICENSING

Patients' Bill of Rights

- VII. The patient shall be permitted to manage the patient's personal financial affairs. If the patient authorizes the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with the patient's rights under this subdivision and in conformance with state law and rules.
- VIII. The patient shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
- **IX.** The patient shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect the patient or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect the patient or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
- X. The patient shall be ensured confidential treatment of all information contained in the patient's personal and clinical record, including that stored in an automatic data bank, and the patient's written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be the property of the patient. The patient shall be entitled to a copy of such records upon request. The charge for the copying of a patient's medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided, that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
- XI. The patient shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional purposes and agreed to by the patient, such services may be included in a plan of care and treatment.
- XII. The patient shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. The patient may send and receive unopened personal mail. The patient has the right to have regular access to the unmonitored use of a telephone.
- **XIII.** The patient shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- **XIV.** The patient shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- **XV.** The patient shall be entitled to privacy for visits and, if married, to share a room with his or her spouse if both are patients in the same facility and where both patients consent, unless it is medically contraindicated and so documented by a physician. The patient has the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.

2021 New Hampshire Revised Statutes Title XI - Hospitals and Sanitaria

Chapter 151 - RESIDENTAL CARE AND HEALTH FACILITY LICENSING

Patients' Bill of Rights

[Paragraph XVI effective until January 1, 2021; see also paragraph XVI set out below.]

XVI. The patient shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, gender identity, age, disability, marital status, or source of payment, nor shall any such care be denied on account of the patient's sexual orientation.

[Paragraph XVI effective January 1, 2021; see also paragraph XVI set out above.]

XVI. The patient shall not be denied appropriate care on the basis of age, sex, gender identity, sexual orientation, race, color, marital status, familial status, disability, religion, national origin, source of income, source of payment, or profession.

XVII. The patient shall be entitled to be treated by the patient's physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.

[Paragraph XVIII effective until January 1, 2021; see also paragraph XVIII set out below.]

XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

[Paragraph XVIII effective January 1, 2021; see also paragraph XVIII set out above.]

XVIII. The patient shall be entitled to have the patient's parents, if a minor, or spouse, or next of kin, unmarried partner, or a personal representative chosen by the patient, if an adult, visit the facility, without restriction, if the patient is considered terminally ill by the physician responsible for the patient's care.

XIX. The patient shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.

XX. The patient shall not be denied admission to the facility based on medicaid as a source of payment when there is an available space in the facility.

XXI. Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

Source. 1981, 453:1. 1989, 43:1. 1990, 18:1-6; 140:2, XI. 1991, 365:10. 1992, 78:1. 1997, 108:6; 331:3-8. 1998, 199:2; 388:5, 6. 2001, 85:1, eff. Aug. 18, 2001. 2009, 252:1, eff. Sept. 14, 2009. 2013, 265:3, eff. Jan. 1, 2014. 2019, 332:6, eff. Oct. 15, 2019. 2020, 39:61, 62, eff. Jan. 1, 2021.http://www.gencourt.state.nh.us/rsa/html/XI/151/151-21.htm

If you have questions about your rights, or concerns about the rights or well-being of any individual who lives in a Long-Term Care Facility, please contact:

Office of the Long-Term Care Ombudsman

Department of Health and Human Services

129 Pleasant Street

Concord, NH 03301-6505

Phone: (800) 442-5640 (toll-free in state)

(603) 271-4375

E-mail: oltco@dhhs.nh.us

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 10/01/00

Policy Statement

Our facility will assist residents, their representatives (sponsors), other interested family members, or resident advocates in filing grievances or complaints when such requests are made.

Policy Interpretation and Implementation

- 1. Any resident, his or her representative (sponsor), family member, or appointed advocate may file a grievance or complaint concerning treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form.
- 2. Upon admission, residents are provided with written information on how to file a grievance or complaint. A copy of our grievance/complaint procedures is posted on the resident bulletin board.
- 3. Grievances and/or complaints may be submitted orally or in writing. Written complaints or grievances must be signed by the resident or the person filing the grievance or complaint in behalf of the resident.
- 4. Upon receipt of a written grievance and/or complaint, the Administrator or his designee will investigate the allegations and generate a written report of such findings within 10 working days of receiving the grievance and/or complaint.
- 5. The Administrator will determine what corrective actions, if any, need to be taken.
- 6. The resident, or person filing the grievance and/or complaint in behalf of the resident, will be informed of the findings of the investigation and the actions that will be taken to correct any identified problems. Such report will be made orally by the Administrator, or his or her designee, within 10 working days of the filing of the grievance or complaint with the facility. A written summary of the report will also be provided to the resident, and a copy will be filed in the business office.
- 7. Should the resident not be satisfied with the result of the investigation, or the recommended actions, he or she may file a written complaint to the local ombudsman office or to the state survey and certification agency. (Note: Addresses and telephone numbers of these agencies are posted on the resident bulletin board located on each unit.

1 | Page

| REVIEWED DATE - INITIAL: | 10/08/20 - CL | | | |
|--------------------------|---------------|--|--|--|
| REVISED DATE - INITIAL: | 10/08/20 CL | | | |

Grievances-Complaints – Staff Responsibility (2)

ADMINISTRATIVE MANUAL—ADMINISTRATION DEPT

ORIGINATION DATE: 10/01/00

Policy Statement

Staff members are encouraged to assist residents in filing a grievance and/or complaint when the resident believes that his/her rights have been violated without reprisal or discrimination or fear of reprisal or discrimination.

Policy Interpretation and Implementation

- Should a staff member overhear or be the recipient of a complaint voiced by a resident, a resident's
 representative (sponsor), or another interested family member of a resident concerning the resident's
 medical care, treatment, food, clothing, or behavior of other residents, etc., the staff member is
 encouraged to assist the resident, or person acting in the resident's behalf, to file a written complaint
 with the facility.
- 2. Staff members will inform the resident or the person acting in the resident's behalf that he or she may file a grievance or complaint with the administrator or other government agencies as noted on the resident's bulletin board, without discrimination or reprisal, or fear of discrimination or reprisal.
- 3. Staff members will inform the resident or the person acting in the resident's behalf that an ample supply of "Resident Grievance/Complaint Forms" is available at each nurses' station and the procedures for filing a grievance or complaint are posted on the resident's bulletin board.

1 | Page

| REVIEWED DATE - INITIAL: | 10/08/20 - CL | | | |
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GRAFTON COUNTY NURSING HOME DEPARTMENT MANAGERS & ASSISTANTS

| Administrator | Craig Labore |
|---|-------------------|
| Admissions Nurse | Lora Chase |
| Assistant Activities Director | Michelle White |
| Bookkeeper | Lisa Langlois |
| Assistant Dietary Supervisor | Michael Palmer |
| Central Supply Coordinator | Mariah Johnson |
| Director of Activities | Harvest Fisher |
| Director of Health Information | Tammy Robbins |
| Director of Human Resources | Karen Clough |
| Director of Nursing | Merry Porter |
| Director of Rehabilitation | Tess Olson |
| Director of Social Services | Jessica Kaminski |
| Director of Staff Development & Infection Preventionist | Lindsey Champagne |
| Environmental Services – Assistant Director | Erin Stimson |
| Environmental Services Director | Troy McKean |
| Finance Director | Dawn Jurentkuff |
| Food Service Director | Steve Meisel |
| Food Service Production Manager | TBD |
| HR Assistant | Nancy Clement |
| Maintenance Supervisor | James Oakes |
| MDS Coordinator | Brenda DeRosia |
| MDS Coordinator Assistant | Theresa Ridlon |
| Restorative Nurse Manager | Lynne Butler |
| Social Service Assistant | TBD |
| Social Service Assistant | Kim Crawford |
| Sr. Human Resources Generalist | Debbie Fuller |
| Volunteer Coordinator | TBD |

REV: 03/07/2022