

Cassena Care at Stamford
53 Courtland Ave.
Stamford, CT 06902

RESIDENT ADMISSIONS AGREEMENT

This is an agreement between Cassena Care at Stamford , _____
xxx _____ (the "resident"), and _____
_____ (the "responsible party"). The Resident and
Responsible Party consent to and request that the Facility provide care to the
Resident and the Facility agrees to admit the Resident to the Facility and provide
such care. In consideration of the mutual promises set forth in this agreement, the
facility, the resident, and the responsible party hereby agree as follows.

Current Daily Rate: \$595.00 for Semi-Private Room and \$630.00 for Private
Room _____

**I. GENERAL PROVISIONS REGARDING RESIDENT CARE
AND SERVICES**

1. Alternate Physician or Professional Provider of Service: The resident and
responsible party agree that if the physician or any other professional provider of
service designated by the resident or responsible party is not available to serve the
resident, fails to serve the resident, or fails to comply with any applicable
provision of federal or state law, including but not limited to the provisions of the
Connecticut Public Health Code, the facility is authorized to obtain the services of
a substitute physician or professional provider of service. Payment for such
services will be made in accordance with Section II of this agreement.

2. Transfer to Hospital: The facility will arrange for the transfer of the resident
to a hospital or other health care facility when any such transfer is ordered by the
attending physician or a substitute physician as specified in Section I, Paragraph 1
of this agreement. The facility is not responsible for payment for care and services
rendered to the resident by any hospital or any other health care facility.

3. Pharmacy Services: Pharmacy services are available through the facility.
Residents whose care is paid for by Medicare Part A must utilize the pharmacy
specified by the facility. If the resident is not receiving care and services covered

by Medicare Part A, the resident or responsible party may designate another pharmacy provider through Medicare Part D or at the resident's expense. Residents who choose coverage under Medicare Part D are encouraged to select a plan that covers as many medications as possible. In all cases, the pharmacy must agree to provide services in accordance with all applicable federal and state statutes and regulations and the requirements of the facility, including but not limited to 24-hour service and delivery, labeling, unit dose form, and monitoring. The facility is authorized to use generic name medications except as otherwise ordered, in writing, by the resident's physician. The facility's Director of Nursing Services and the Consultant Pharmacist are authorized to destroy any excess or undesired medications in accordance with applicable law.

4. Release of Information: (a) The facility is authorized to release medical or other information about the resident that is necessary to complete insurance claims, determine coverage or eligibility and obtain payment from governmental agencies, including but not limited to the Connecticut Department of Social Services and the federal Center for Medicare and Medicaid Services and its Fiscal Intermediaries, respond to inquiries from governmental agencies providing reimbursement for the resident's care, and/or complete medical records. This authorization remains in effect for as long as necessary for the facility to secure reimbursement on behalf of the resident.

(b) The facility is authorized to release resident discharge planning summaries and medical information to any other health care institution or provider to which the resident is transferred or from which the resident is receiving care, and as otherwise required or permitted by law, throughout the resident's stay at the facility and thereafter if required or permitted by law.

5. Resident Identification: During the resident's stay at the facility, the facility is authorized to require a standard method of resident identification, e.g., an identification bracelet or photographic print.

6. Resident's Personal Effects: The resident and responsible party agree that personal clothing and effects and personal spending money for the resident will be provided from the resident's own funds. Although the facility will work to see that misplaced belongings are recovered, the facility will not be responsible for any personal effects, valuables, or money left in the possession of the resident.

7. Authorization to Take Resident's Photograph: By execution of this Agreement, the resident, designated representative and/or sponsor authorize the facility to take and keep a photograph of the resident for identification purposes. All such photographs shall become part of the resident's file at the facility.

8. Public Relations Release Form: By execution of this Agreement, the facility shall be authorized to take and use photographs of the resident during the normal routine of activities and/or events at the facility, which photographs may be used solely for the purpose of publicity to further enhance the facility's image. All such photographs, images and stories regarding such activities and/or events will be used and displayed with discretion by the facility carefully respecting the resident's rights.

9. Authorization to Search Resident's Room: By execution of this Agreement, the Resident, Designated Representative and/or Sponsor hereby authorize the Facility to enter and search the Resident's room as it deems necessary. Facility staff may enter resident rooms to respond to health or safety concerns, enforce facility policies and procedures, to respond to a complaint, or to ensure that state and federal laws, rules and regulations are not being violated. Facility staff may repair any situation that is considered necessary by Facility staff.

10. Security Cameras: Security cameras have been installed throughout the facility; however, they will not routinely be used in areas where there is an expectation of privacy, such as restrooms or patient care areas.

11. Camera Use Throughout the Facility: Taking pictures and videos of other residents and/or staff may violate their privacy rights and may subject you to legal action, including but not limited to, civil and monetary damages. Accordingly, taking pictures and/or video at the facility is strictly prohibited without prior administrative authorization.

12. Leaves of Absence: The facility and its owners, directors, officers and employees assume no responsibility for any personal injury, illness, or deterioration in the resident's condition that may occur which the resident is temporarily absent from the facility with or without physician or facility approval. The resident and responsible party release the facility, its owners, directors, officers and employees from all liability for any personal injury, illness or deterioration in the resident's condition that may occur while the resident is temporarily absent from the facility.

13. Transfer or Discharge by Facility: In accordance with applicable law, the facility may transfer or discharge the resident from the facility when the transfer of

discharge is necessary for the resident's welfare; when the resident's health has improved so that the resident no longer needs the services provided by the facility; when the health or safety of other individuals in the facility is endangered; if the resident is paying for his or her care, the resident's account is more than fifteen days in arrears; if the resident's assets are exhausted and the resident has failed to file an application for Medicaid assistance or to respond to Medicaid's requests for information in a timely manner; the resident is no longer eligible for nursing home care as determined by the PASSR program or level-of-care review; or if the facility ceases to operate. The resident or responsible party will be given thirty days' notice of any such transfer or discharge except in certain circumstances as specified by law, in an emergency, or when the resident has resided in the facility for less than thirty days; in such cases, the facility will provide as much notice as is practicable.

At the end of any applicable notice period, if the resident or responsible party has failed to make other appropriate arrangements for the resident's care, the resident and responsible party agree that the facility may discharge and deliver the resident to the care of the responsible party.

14. No- Smoking:

- (a) The Facility prohibits smoking in the Facility or on Facility grounds. This includes use of any electronic cigarettes. For all new admissions, the Facility's non-smoking status and policies will be reviewed with the resident or responsible party. Admissions staff shall notify all hospital discharge planners of Facility's no smoking policy and request that any potential admissions be advised of the Facility's no smoking status.
- (b) Noncompliance with Smoking Policy. Residents who are suspected of holding cigarettes, lighters, matches or other similar materials will be asked to voluntarily relinquish all such objects. Additionally, a search of the resident's room, person and/or belongings will be performed at the Facility's discretion. Residents suspected or determined to be in violation of the smoking policy will be provided a copy of this policy. Continued violations of the smoking policy may result in the following actions:
- i. Re-education and verbal or written warning;
 - ii. Random, periodic searches of the residents room, belongings and person;
 - iii. Fifteen (15) minute checks or other appropriate monitoring of the resident;
 - iv. Searches upon return from leaves of absence or appointments; or
 - v. Immediate discharge.
- (c) Residents who violate this policy will be provided information on smoking cessation programs. Such information will also be provided to any resident upon request.

- (d) Any identification of smoking paraphernalia such as used cigarette butts, etc. shall be investigated by the Administrator or his/her designee to determine the source.
- (e) No smoking signs shall be posted at all entrances to the Facility.

15. Resident's Bill of Rights: The resident and/or responsible party acknowledges receipt of, prior to or at the time of admission, a copy of the Residents' Bill of Rights.

16. Compliance with Facility Rules and Regulations: The resident and responsible party agree to comply with all rules and regulations established by the facility and acknowledge receipt of a copy of current facility rules and regulations.

II. FINANCIAL AGREEMENTS

1. Basic Daily Rate: The facility agrees to provide room, board, and general nursing care to the resident for a basic Daily Rate.

2. Ancillary Charges: Ancillary charges are made for services, materials, and equipment not included in the basic per diem rate. Ancillary charges include physician's services, medications, pharmaceutical services, sundries, medical supplies, rental equipment, personal telephone, beauty and barber services, dry cleaning, laboratory services, x-ray services, oxygen services, and ambulance and other transportation services. Treatment ordered by the attending physician will be provided for residents in need of physical, occupational, speech and psychiatric therapy, as long as private payment or Medicaid or Medicare reimbursement for such charges is available. Dental, podiatry, optometry and private duty nursing services are provided on request or as ordered by the attending or substitute physician. These services will be billed to the resident and the resident agrees to pay for these services.

3. Billing Practices: It is the policy of the facility to charge the basic Daily Rate for the day of admission and the day of discharge except when prohibited by law. Account statements are mailed prior to the first of each month for that month's care. These statements are payable upon receipt. The resident or responsible party will be given thirty-day advance written notice prior to any increase in the Daily Rate; however, a change to a different room that has a different rate may result in an immediate increase or decrease in the Daily Rate.

4. Medicare/Medicaid: When services are paid by Medicare, Medicaid or private insurance, the resident or the resident's representative or other individual making payment on behalf of the resident will promptly pay any applicable co-pay, deductible, applied income and similar amounts to the facility in accordance with the requirements of the applicable payor.

5. Private Insurance: When the resident has private insurance that is accepted by the facility, the facility will bill timely the private insurance company for the services provided to the resident. By submitting the claim to the private insurer, the facility is not making any representation or warranty about the availability or extent of coverage. If coverage is denied, the resident is obligated to pay for the services provided upon receipt of the coverage denial. Further, any appeal of a private insurance coverage decision is solely the responsibility of the resident and a pending appeal will not impact the resident's obligation to pay for the services for which coverage was denied. If the private insurance company ultimately makes payment, the facility will promptly reimburse the resident. Finally, the resident agrees to promptly pay to the facility any deductible, co-payment or co-insurance amounts due as determined by the private insurance company.

6. Bed Hold Charges: The facility will reserve the bed of a private-pay resident who has been transferred to a hospital as long as payment is available at the applicable private pay rate to reserve the bed. The resident agrees that, in the event of such a transfer, the facility shall reserve the bed and that payment will be made for reserving the bed until such time as the facility is notified by the resident or responsible party that the bed should no longer be reserved.

In the case of a Medicaid-assisted resident, the facility will reserve the bed for up to seven days as long as the facility has not received information that the resident is not expected to return to the facility. The facility also will reserve the bed for up to an additional eight days as long as the facility has not received information that the resident is not expected to return to the facility. If a Medicaid-assisted resident wishes to reserve his or her bed during a period of hospitalization for any other or longer period of time, the bed will be reserved as long as payment is made at the facility's usual Medicaid per diem rate.

The Medicare program does not pay for reserving a bed during hospitalization. The resident's underlying source of payment (private pay or Medicaid) will govern reserving a bed when a resident receiving Medicare Part A benefits is transferred to a hospital.

7. Late Charges: In the event that payment in full has not been received by the last day of the month in which the statement is dated, a service charge of one percent per month of the outstanding balance will be added to the bill. The resident agrees to reimburse the facility for any bank charges arising from checks returned due to insufficient funds or for any other reason.

8. Refund Policy: Any advance payment will be refunded in accordance with applicable law.

9. Medicare or Other Applicable Insurance: The resident and responsible party agree to apply promptly for, or assist the facility as necessary in establishing eligibility or otherwise applying for, any applicable Medicare or other insurance benefits. The resident and responsible party hereby request that payment of any authorized Medicare benefits be made on the resident's behalf to the facility or other provider of services or, when applicable, directly to the resident.

10. Medicaid Assistance: With respect to applying for and receiving Medicaid (Title XIX) assistance, the resident and responsible party agree as follows:

A. At the time that the resident's assets approach \$50,000.00, if the resident does not have monthly income sufficient to pay for the cost of care and services, the resident and responsible party agree to inform the facility of the status of the resident's assets and to make prompt application for Medicaid assistance to the Connecticut Department of Social Services.

B. (a) The resident and responsible party agree to provide all information that may be requested by the Connecticut Department of Social Services in connection with the application in accordance with any deadlines established by the Department, and regarding any later redetermination after the resident is approved for Medicaid assistance. The resident and responsible party agree that if the Medicaid application is either delayed or denied due to the failure to comply with the requests of the Connecticut Department of Social Services, the resident or responsible party, whoever is responsible for the failure, will be personally liable for the cost of care and services for the resident in accordance with the terms of this agreement during any period of delay and after the denial of the application.

(b) The resident and responsible party agree that the facility may file and process an undue hardship or penalty waiver request on behalf of the resident with the Department of Social Services if the facility deems such action appropriate and agree to cooperate with the facility regarding any such waiver request.

C. The resident and responsible party agree to inform the facility of the status and progress of application and, upon the request of the facility, to provide the facility with copies of any information and documentation supplied to or received from the Connecticut Department of Social Services in connection with the application.

D. The resident and responsible party agree to act promptly and expeditiously to establish and maintain eligibility for Medicaid assistance, including but not limited to taking any and all necessary action to ensure that the resident's assets are appropriately reduced to and remain within allowable limits for Medicaid assistance as established by the Connecticut Department of Social Services.

E. (a) If the responsible party has received a transfer of assets from the resident (or, if married, from the resident's spouse) that results in the resident's

ineligibility for Medicaid assistance, the responsible party agrees that these assets, or an amount of the responsible party's assets at least equal to the amount transferred, will be used to pay for the cost of care and services rendered to the resident during any penalty period assessed by the Connecticut Department of Social Services in accordance with applicable law.

(b) If the resident or the responsible party has made any transfer of the resident's assets to any person that results in the resident's ineligibility for Medicaid assistance, the resident and responsible party specifically acknowledge and agree that the transferor and the transferee are personally liable for the cost of care and services for the resident in accordance with the terms of this agreement during any period of ineligibility for Medicaid assistance that results from any such transfer.

F. The responsible party may also be personally liable for his or her failure to fulfill other promises made in this agreement, as provided in Section IV of this agreement.

G. The filing of an application for Medicaid assistance does not excuse the resident or responsible party from continuing to make payment to the facility in accordance with the terms of this agreement and applicable law. If payment is made for any period during which the resident is later determined to be eligible for Medicaid assistance, a prompt refund will be made by the facility as required by law.

H. The resident and responsible party agree that, during the pendency of any application for Medicaid assistance, the resident's monthly income, less a personal needs allowance as established by the Connecticut Department of Social Services, will be paid to the facility on or before the tenth day of each month. The resident and responsible party further agree that, if the resident is determined by the Connecticut Department of Social Services to be eligible for Medicaid assistance, the amount of the resident's monthly income established by the Department as "applied income" will be paid monthly to the facility on or before the tenth day of each month.

11. Responsible Party Control of or Access to Resident's Funds: The responsible party hereby acknowledges and certifies that the responsible party has control of or access to the resident's income and/or assets and the responsible party agrees that these funds shall be used for the resident's welfare, including making prompt payment for care and services rendered to the resident in accordance with the terms of this agreement.

12. Financial Disclosure: The resident and responsible party agree to complete any financial disclosure documents that are required by the facility within fifteen days of the date of the resident's admission to the facility (if not completed prior to admission) and to provide updated financial information within fifteen days of the

facility's request for same. The resident or responsible party who completes any financial disclosure documents required by the facility regarding the resident's income and assets represents that the information furnished thereon is true, complete and accurate. The resident and responsible party hereby affirm that the resident (and, if the resident is married, the resident's spouse) has not made any transfers to a Trust or gifts of \$1,000 or more to any person other than the resident's spouse (if any) within the past five (5) years or that, if such gifts or transfers have been made, they have been fully disclosed to the facility.

III. OTHER TERMS OF AGREEMENT

1. If the resident is deemed eligible for Medicare benefits or Medicaid assistance, the laws and regulations governing those programs will control this agreement.
2. If this account is sent to an attorney for collection, the resident and responsible party agree to pay all costs and reasonable attorneys' fees associated with any collection action.
3. The parties agree that, should any provision of this agreement be declared invalid by any court of competent jurisdiction or rendered invalid by any statute or regulation, the remainder of this agreement will remain binding and in full force and effect.
4. If any party to this agreement at any time elects not to require compliance with a particular term of this agreement, this election shall not be construed as a

waiver of that party's right to require compliance with that or any other provision at any future time.

5. No amendment or waiver of any provision of this agreement shall be valid unless in writing signed by all parties affected by the amendment or waiver.

6. All parties acknowledge that this agreement constitutes the complete understanding between the parties and that no oral representations not stated herein are relied upon.

7. Termination of this agreement by the resident or responsible party will become effective only upon removal of the resident from the facility. Termination of this agreement will not relieve the resident or responsible party from liability for any sums due and owing pursuant to this agreement.

8. The effective date of this agreement is the date of the resident's initial admission to the facility. This agreement will remain in effect during and following any temporary absence of the resident from the facility (including but not limited to absence due to hospitalization or home leave).

IV. OBLIGATIONS OF THE PARTIES

1. The execution of this agreement will constitute an acceptance on the part of the facility, the resident and the responsible party to undertake faithfully all of the obligations of this agreement.

2. The responsible party does not personally guarantee or serve as surety for payment for the care provided to the resident by the facility. The responsible party does acknowledge and agree that he or she wants the resident to be admitted to and to receive the care and services provided by the facility; that he or she is making certain promises and undertaking certain obligations in this agreement; and that the facility is admitting the resident and providing care and services in reliance upon these promises. The responsible party is personally liable for any damages incurred by the facility due to the responsible party's failure to fulfill these promises and obligations.

[signatures on following page]

THE UNDERSIGNED CERTIFY THAT THEY HAVE READ AND AGREE TO THE FOREGOING, TO THE WHOLE AND ENTIRE AGREEMENT BETWEEN THE PARTIES, AND THAT THEY HAVE RECEIVED A COPY OF THIS AGREEMENT.

_____ Witness	_____ Signature of Resident (if the resident is managing his or her affairs)	_____ Date
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_____ Witness	_____ Signature and Title of Party Acting for Resident (Conser- vator of Estate, power of attorney, or relative, if resident is not managing his or her affairs)	_____ Date
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_____ Witness	_____ Signature of Responsible Party	_____ Date
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_____ Witness	_____ Signature of Administrator	_____ Date
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Billing Address:

53 Courtland Ave

Stamford, CT 06902

RESIDENTS' BILL OF RIGHTS

Exercise Your Rights

- You have the right to be fully informed, orally and in writing, in a language you understand, of your rights and the facility's rules governing your conduct and responsibilities, and of changes in your rights and in the facility's rules. This Bill of Rights tells you about your rights as a nursing home resident.
- You also have the right to be fully informed about your rights by advocacy programs funded by the federal or state governments.
- You have the right to exercise your rights as a resident and as a citizen. You have the right to designate another person, in accordance with state law, to represent you in exercising your rights. The facility must protect and promote our rights and encourage and assist you in exercising them.
- You have the right to be treated equally with other residents receiving care and services, and regarding transfer and discharge, regardless of the source of payment for your care.
- You have the right to exercise your rights without fear of discrimination, interference, coercion or reprisal.
- If you are not capable of exercising your rights, a representative designated in accordance with state law may exercise your rights on your behalf.
- Your rights cannot be reduced, rescinded or abrogated by contract.

Dignity and Self Determination

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

Privacy

- You have the right to privacy in accommodations, in receiving personal and medical care treatment, in written and telephone communications, in visits and in meetings with family and resident groups. However, the facility is not required to provide you with a private room.
- You have the right to associate and communicate privately with persons of your choice, including other residents.

- If you are married, you have the right to privacy for visits with your spouse.
- If you are married and your spouse is a resident of this facility, you have the right to share room with your spouse, subject to his or her consent and when such a room is available.

Communicating with Others

- You have the right to communicate with persons both inside and outside of the facility.
- You have the right to privacy in written and spoken communications.
- You have the right to send and promptly receive unopened mail.
- You have the right to have stationery, stamps and writing implements made available by the facility for your purchase.
- You have the right to reasonable access to a telephone that you can use without being overheard.
- You have the right to receive information from agencies that act as resident advocates and to have the opportunity to contact such agencies.

Visits

- You have the right to be visited by your family.
- You have the right to be visited by your attending physician, the nursing home Ombudsman, and representatives of federal and state agencies concerned with a resident care.

- You have the right to be visited by any other person of your choice, including persons who provide health, social, legal or services to nursing home residents, subject to reasonable restrictions.
- You have the right to refuse to receive any visitor you do not want to see.

Group Activities

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

Grievances

- You have the right to voice grievances without discrimination or reprisal.
- You have the right to have prompt efforts made by the facility to resolve any grievances you may have, including those about the behavior of other residents.
- You have the right to file a complaint with the Connecticut Department of Public Health, the Connecticut Department of Social Services or the Connecticut Long Term Care Ombudsmen regarding abuse, neglect or misappropriation of residents' property. A list of the names, addresses and telephone numbers of these and other agencies you may wish to contact is attached.

Care and Treatment

- You have the right to choose your personal attending physician. The facility may require you to use another physician if your physician does not comply with applicable statutes or regulations.
- You have the right to be fully informed, in a language you understand, about your total health status, including your medical condition.
- You have the right to participate in planning your care and treatment and to be fully informed in advance about changes in your care and treatment.
- You have the right to refuse treatment, including life support systems, in accordance with state law. If the facility is unwilling to honor your wishes regarding the use of life support systems, it must attempt to transfer you to a facility that will honor our wishes.
- You have the right to administer your own drugs, if your care planning team determines that it would be safe for you to do so.
- Except in an emergency, you have the right to the opinion of two physicians prior to surgery.
- You have the right to refuse to participate in experimental research.
- You have the right to be free from restraints administered for discipline or convenience and not required to treat your medical symptoms. Physical and chemical restraints may be used only to ensure your physical safety or enable you to function better,

and then only written order of a physician that states when and for how long they are to be used, except in an emergency.

- You have the right to have psychopharmacologic drugs administered only on order of a physician, as part of a written care plan designed to eliminate or modify the symptoms the drug was prescribed to treat, and only if an independent external consultant reviews whether your drug plan is appropriate at least once a year.
- You have the right to be free from verbal, sexual, physical or mental abuse, corporal punishment and involuntary seclusion.
- You have the right not to perform work for the facility. If performing work for the facility is recommended as part of our care plan and suitable work is available, you have the right to choose to perform work for the facility and to choose whether you wish to work as a volunteer or for payment at prevailing rate, if your choice and the kind of work you will be doing are documented in your care plan.
- You have the right to know where to find, and to see, the results of current federal, state and local inspection reports and plans of correction.

Personal and Clinical Records

- You have the right to privacy and confidentiality regarding all personal and health information kept by the facility pertaining to you, as provided by federal and state laws governing the facility's use and disclosure of this information. You have received a copy of the facility's Notice of Privacy Practices, as required by law.

- You have the right to approve or refuse the release of these records to anyone outside the facility, except when you are transferred to another healthcare institution or when the release of your records without your consent is otherwise required or permitted by law.
- You have the right to have access to all facility records pertaining to you upon your request or the request of your legal representative within 24 hours after making such a request. You have the right to have photocopies of your records provided by the facility within two working days after the records have been provided to you. The facility may impose a charge for photocopying as provided by law.

Transfer and Discharge

- You have the right to be allowed to stay in the facility and may not be discharged from the facility, except as provided by federal law and Connecticut General Statutes section 19a-535. Federal and state law permit an involuntary transfer or discharge only when your needs and your welfare cannot be met in the facility; or transfer or discharge is appropriate because your health has improved so that you no longer need the services provided by the facility; or the health or safety of individuals in the facility is endangered; or, if you are paying for your care, your account is more than fifteen days in arrears; or if your assets are exhausted and you have failed to file an application for Medicaid assistance or to respond to Medicaid's requests for information in a timely manner; or you are no longer eligible for nursing home care as determined by the PASARR program or level-of-care review; or if the facility ceases to operate.

Except in an emergency, you must be given at least thirty (30) days, and no more than sixty (60) days, notice of transfer or

discharge is made because the health or safety of individuals in the facility is endangered; your health has improved sufficiently to allow for a more immediate transfer or discharge; immediate transfer or discharge is necessary due to urgent medical need; or you have resided in the facility for less than thirty days. In such cases, you must be given as much notice as practicable.

- You have the right to appeal an involuntary transfer or discharge from the facility to the Connecticut Department of Social Services.
- You may be involuntarily transferred from one room to another within the facility due to repairs or renovations; irreconcilable incompatibility between you and roommate; the need to admit a person of the opposite sex; allowing another resident access to special medical equipment you no longer need; or if you no longer need programs or services offered in specialized area of the facility. If you reside in a private room and become eligible for Medicaid assistance, you may be moved to a semi-private room (two or more beds). You must receive 15 days' written notice of an involuntary room change, except that room changes due to non-emergency repairs or renovations or becoming eligible for Medicaid assistance require 30 days' notice. In an emergency where there is danger of physical harm to you or other residents, you may be moved immediately, without advance notice.
- You may be involuntarily transferred or discharged from the facility if the transfer or discharge is medically contraindicated. You also may not be involuntarily transferred from one room to another within the facility if the transfer is medically contraindicated.

Payment for Services

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

Personal Funds

- You have the right to manage your personal financial affairs and cannot be required to deposit your personal funds with the facility.

- You have the right to have the facility manage your personal funds, if you authorize this in writing. You have a right to quarterly accounting of your funds. A separate statement about how the facility manages residents' funds is provided.

Names, Addresses and Telephone Numbers of State Agencies:

Department of Public Health
Bureau of Health Systems Regulation
410 Capitol Avenue, MS#12HSR
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7400

State Ombudsman
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3730
(860) 424-5200

Department of Mental Health and Addiction
Services 410 Capitol Avenue – 4th Floor
P.O. Box 341431
Hartford, CT 06134
(860) 418-7000

Department of Mental Retardation
460 Capitol Avenue
Hartford, CT 06106
(860) 418-6000

Office of Protection and Advocacy
For Persons with Disabilities
60 B Weston Street
Hartford, CT 06120
(860) 297-4300

Provider Fraud and Abuse
Office of Quality Assurance
Department of Social Services
25 Sigourney Street
Hartford, CT 06106
(860) 424-5903

I HEREBY ACKNOWLEDGE THAT I HAVE RECEIVED A COPY OF THIS RESIDENTS' BILL OF RIGHTS AND THAT IT HAS BEEN EXPLAINED TO ME BY THE FACILITY'S STAFF.

Signature of Resident

Or

Signature of Conservator, Power of Attorney or Relative (please specify)
(use only if the resident is incapable of understanding his or her rights)

Date : _____

TRANSITIONING TO LONG TERM CARE

If you are being admitted to a bed at Cassena Care at Stamford designated for short-term restorative care, then it is anticipated that your condition will improve so that you will be able to be discharged to your home.

In the event that your recovery does not proceed as anticipated, and your attending physician determines that you will need continued, long term nursing home care it is the policy of Cassena Care at Stamford to transfer long term residents to a bed designated for long term care.

As a long term resident you will continue to receive all necessary care and treatment in accordance with your care plan and the orders of your attending physician and that the services provided will not differ, except for the more intensive staffing and therapy services required for short-term rehabilitative stays.

The social service and/or nursing staff will speak with you and your family about the availability of appropriate rooms if such time arises. We will make every effort to assure that your transition is to a room that is appropriate and best fit for your needs. If you decline the room that is offered we may issue a 30 day notice of room change and the availability of rooms may be limited at this time.

If your continued stay at Cassena Care at Stamford is being paid for by Medicaid then you will need to meet a Level of Care designated by Medicaid as Long Term Care. A Level of Care form will be submitted to Ascend (DSS) and will be assessed to see if you meet nursing home criteria.

NON-SMOKING AND NON-VAPING POLICY

Cassena Care at Stamford maintains a **smoke free and vape free** environment that allows for the promotion of health, comfort and safety of everyone associated with the facility. Residents and their visitors are further prohibited from maintaining or storing any smoking or vaping material, electronic nicotine delivery systems or devices, oils, paraphernalia or other flammable, spark, smoke or vape producing device(s) in the resident's room at the facility. The facility is happy to provide residents with a Nicotine patch if necessary.

The health and safety of all residents depends on your cooperation with this policy.

Smoking and vaping inside or outside of the facility by residents AND visitors is strictly prohibited.

1. For all new admissions, review the facility's Non-Smoking/Vaping status and/or policy with the resident or responsible party.
2. Admissions staff shall notify all hospital discharge planners of facility's no smoking/vaping policy and request that any potential admissions be advised of the facility's no smoking/vaping status.
3. Noncompliance with Smoking/Vaping Policy. Residents who are suspected of holding cigarettes, lighters, matches, vaping material, electronic nicotine delivery systems or devices, oils, paraphernalia or other flammable spark, smoke or vape producing devices or other similar materials will be asked to voluntarily relinquish all such objects. Additionally, a search of the resident's room, person and/or belongings will be performed at the facility's discretion. Residents suspected or determined to be in violation of the smoking/vaping policy will be provided a copy of this policy. Continued violations of the smoking/vaping policy may result in the following actions:
 - a. Re-education and verbal or written warning;
 - b. Random, periodic searches of the resident's room, belongings and person;

- c. Fifteen (15) minute checks or other appropriate monitoring of the resident;
 - d. Searches upon return from leaves of absence or appointments;
 - e. Immediate discharge.
4. Residents who violate this policy will be provided information on smoking/vaping cessation programs. Such information will also be provided to any resident upon request.
 5. Any identification of smoking/vaping paraphernalia such as used cigarette butts, etc. shall be investigated by a facility representative to determine the source.
 6. No smoking signs shall be posted at all entrances to the facility.

Cassena Care at Stamford

WELCOME BOOKLET

&

RESIDENT INFORMATION GUIDE

53 Courtland Avenue
Stamford, Connecticut 06902

Phone: (203) 351-5301

CASSENA CARE AT STAMFORD

RESIDENT INFORMATION GUIDE

Resident Name: _____ Your Room Number Is: _____

Welcome to CASSENA CARE AT STAMFORD

We would like you, your family, and visitors to know that your safety, comfort, and care during your stay here are of utmost importance to us. We encourage you to voice any suggestions that will result in improvements in services or the quality of life at our facility. The management and staff of CASSENA CARE AT STAMFORD will make every effort to assist you in exercising your rights and to assist you and your family in understanding and complying with the rules of the facility.

As a multi-resident facility, we must have Rules of Conduct and Activities so that everyone can enjoy a safe, protected and satisfying environment. We ask that you, the resident, your family and visitors, become familiar with our rules so that together we can make CASSENA CARE AT STAMFORD an effective, responsible facility providing quality service to all. Please remember, we are always available to answer any questions.

Your cooperation is requested in order to maintain a pleasant and safe environment for all.

ACTIVITIES

The Activities Department offers a comprehensive program of leisure activities based on each resident's needs and interests. Each resident is assessed and their families interviewed to determine the resident's preferences for leisure activity. This includes evening and weekend programs.

Monthly calendars of activity programs are provided to each resident and are posted on each unit. In addition to group activities, stimulating educational and cultural programs are offered for every level of cognitive functioning. Holidays are celebrated so as to generate active participation from all residents. Spiritual services are offered to all residents on a weekly basis. Participation in daily physical activities is encouraged to help each resident achieve his or her optimal level of independence and reinforce functional skills for daily activity. Family members are welcome to accompany the resident and participate in programs as space provides. The activity department conducts on-going recruitment for volunteers to enhance our offerings.

ADVANCE DIRECTIVES

CASSENA CARE AT STAMFORD seeks to empower the resident to direct his/her own care by making his/her wishes known in advance. Residents can best assure that their wishes for care and treatment will be followed by completion of a Health Care Proxy. This document designates a person who can make decisions for the resident if the resident is unable. It can be used to express the resident's wishes in regard to medical treatment decisions, including the use of feeding tubes, IVs, antibiotics, end of life care, etc.

During the course of the resident's stay, the Social Worker and Clinical Team are available to assist residents and families in making these decisions. The facility staff may convene an Ethics committee to clarify the resident's/health care agent's wishes and determine how the facility can best assist and care for the resident. The Social Worker is available to assist in addressing Advance Directive issues. For some residents the implementation of a DNR order is the option of choice under certain circumstances. The Physician, Nurses and Social Worker are available to assist

and clarify these issues.

A resident desiring a DNR (Do Not Resuscitate) order shall wear a purple charm affixed to his/her identification wrist band. Families should note that the DNR order governs only the act of performing CPR, and has no impact on other care decisions such as artificial nutrition and hydration. A resident who wishes to be resuscitated shall not have a purple charm affixed to his/her wrist band to aid in easy identification.

ALCOHOL /ILLEGAL SUBSTANCES

It is the policy of CASSENA CARE AT STAMFORD that residents will not be permitted to abuse alcohol or illegal substances. Residents with a history of alcohol or substance abuse will have the opportunity to receive treatment.

Residents/visitors are not permitted to have alcohol or illegal substances in their possession within the facility. Any alcohol found on the premises will be removed and discarded. If illegal substances are found, the appropriate authorities will be notified.

Visitors are not permitted to consume alcohol or illegal substances on facility premises.

Resident consumption of alcoholic beverages will be permitted in supervised group activity programs only, or under the supervision of a resident's attending physician.

SECURITY CAMERAS

Security cameras have been installed in the public areas of the facility to ensure the safety of our staff and residents. Security cameras are not used in areas where there is an expectation of privacy, such as restrooms or patient care areas.

APPOINTMENTS / AMBULETTE TRANSPORTATION

Whenever possible, residents are referred to physicians and services that are available within the facility. On occasion, a resident may need to leave the facility for a doctor's appointment or test. The Facility does not provide transportation services, but the transportation staff will assist the Resident or the Designated Representative in scheduling the appointment. The Facility does not provide staff to accompany the resident. The Resident or the Designated Representative will need to arrange for a family member, companion or nursing assistant to accompany the Resident. The cost of transportation is the responsibility of the Resident, and is a Medicaid covered service for the Medicaid sponsored residents, and the transportation company will make billing arrangements with the resident or a family member.

CARE PLANNING, COORDINATION & COMMUNICATION

Upon admission a resident centered baseline care plan will be established and available within 48 hours and will include initial goals based on the admission orders, physician orders, dietary orders, therapy orders, social service orders and PASARR recommendations(if applicable), etc. The baseline care plan is used to reflect the resident's current needs through the stated goals and objectives and interventions. The care plan summary will be provided to the Resident and/or Designated Representative.

The Interdisciplinary care team members assess each resident on admission, as changes occur, a quarterly and annual basis. A multi-disciplinary care plan is developed by the team to address all aspects of the resident's care needs and is approved by the attending MD. The team functions as a partner with the resident, the Designated Representative and family in providing the highest quality of life for the resident. On-going communication and participation in care planning sessions is invaluable. An invitation either verbal or written will be provided to the resident and/or Designated Representative to coordinate the date and time of the care plan meeting.

Accommodations can be made for attendees such as video/phone conferences, translator/interpreter services etc. to assist in the resident and Designated Representative's participation and understanding. Questions about care should be addressed to the Social Worker or Nurse Manager. Changes in condition, medications and treatments are generally discussed with the Charge Nurse and/or MD as the situation arises.

CLOTHING & BELONGINGS

As a matter of resident's dignity, all residents should be properly attired while in the facility. The family is responsible for providing items for the resident and replacing them when they are worn out. Staff can advise as to appropriate clothing and suitable accessories for the resident's needs. Items provided to the resident need to be "wash-n-wear" and of sturdy construction and able to be laundered under commercial soap and washing conditions. Delicate and special laundering items i.e.: wool, silk, etc. are inappropriate. If the family does not choose to launder the resident's clothing, the facility will provide the service on a daily basis. Every resident needs to have sufficient clothing to last through the necessary daily changes.

All clothing and belongings must be left with Reception to be labeled when brought to the facility (whether laundered by the family or the facility). A Clothing Inventory form will be completed. Staff on the unit needs to be advised when new clothing, footwear and other items are brought in.

Periodically, vendors offer sales at the facility of specially made clothing & accessories. Notices are posted on the units and in the Activities bulletins. Upon prior authorization to the Activities Director by the resident or designated representative, clothing purchases on behalf of the resident can be made from the resident's account. The facility reserves the right to use resident funds to make minimum clothing purchases to maintain resident care and dignity.

Due to limited storage in resident's rooms, off-season items are to be taken home by the family. Resident/families are requested not to keep "valuables" or "sentimental" items, jewelry or accessories in the facility, as the facility is not responsible for lost personal items. Residents, who are able to manage a key, may request a locked drawer for personal items.

Misplaced items should be reported as soon as possible. All efforts are made to keep items together during laundering. The sooner an item is reported missing, the better the chance of locating it. Unfortunately, the facility cannot be responsible for lost clothing or other items.

The following is a list of "Recommended Clothing for Men and Women." For the resident's appearance and comfort, we request a seven day supply of clothing. The actual number of garments needed will vary; but, please remember that many residents need garments changed more than once per day. Clothing should be wash and wear, loose and comfortable, and periodically checked for replacement.

Most family members are familiar with resident behaviors which would effect clothing selection and/or use. If you need help in this area, our staff will be happy to make suggestions.

- Trousers/sweat pants/jogging pants (men)
- Back-closure dresses, pull-on slacks/jogging suits (women)
- Shirts/blouses (front or back closure) (men/women)
- Undershorts/panties (men/women) if resident has some bowel/bladder control
- Pairs of socks/stockings (men/women)
- Pairs of shoes, sneakers and/or slippers (men/women)
- Sweaters/cardigans (men/women)
- Lap robes (men/women) if resident would use

COMPLAINT PROCEDURE

The resident/designated representative is informed on admission and at intervals thereafter of changes in facility procedures and how to report and resolve issues of concern. The facility strives to make the resident's quality of life enjoyable and pleasant. Any concern of a resident should be reported to the Charge Nurse or Social Worker. The Nursing Supervisor is always available to address concerns. As part of our partnership agreement, the facility is committed to addressing and resolving complaints from residents and families and maintaining a strong communication link.

Residents and families may also make formal complaints to the Social Worker if they feel the concern warrants this type of action. A copy of the policy and procedure is posted on the resident/family information board. The Social Worker will provide a source of communication and direction for resident/family members to address grievances, complaints and recommendations about care, treatment and living situations at the facility. The Nursing Supervisor is on duty 24/7, and is able to address any immediate issues for residents and families. The Supervisor advises the Social Worker when issues arise.

Resident Council meetings are held monthly and provide the opportunity for residents to voice common issues and opinions. The facility is also sensitive to individual concerns and appropriate team and administrative staff are available as needed to respond to residents and families. If a resident or designated representative is not satisfied with the handling of a grievance, the Social Worker will provide the resident/designated representative with direct access to the Department Head or Administrator to resolve the problem. You can also file a grievance by contacting the ombudsman program; or by contacting the Connecticut State Department of Health concerning resident abuse, neglect, mistreatment and misappropriation of resident property in the facility.

Facility's Grievance Officer:

Jeanne Ormond – Director of Social Work
(203) 351-8328
53 Courtland Ave
Stamford CT 06902
jormond@cassenacare.com

Department of Public Health
Bureau of Health Systems Regulation
410 Capital Avenue MS#12HSR
P.O Box 340308 Hartford, CT 06123-0308
(860) 509-7400

Department of Mental Retardation
460 Capital Avenue Hartford, Ct
06106 (860) 418-6000

Adult Protective Services
(888) 385-4225
(860) 424-5241
After Hours/Emergency: 211

Department of Mental Health and Addiction Services
410 Capital Avenue- 4th Floor
P.O Box 341431
Hartford Ct, 06134
(860) 418-7000

Connecticut Long Term Care Ombudsman Information:

Long Term Care Ombudsman
Department of Social Services
55 Farmington Avenue
Hartford, CT 06105-3730
(866) 485-9393
(860) 425-5200

Residents, staff and visitors are encouraged to bring concerns to our attention. Complaints and concerns are promptly investigated and resolved as quickly as possible, it is our goal to resolve your concerns and report our findings to you within seven days. Complaints or concerns may be made orally or put in writing and given to the unit nursing staff or any other employee. As always, issues may be discussed with the Nurse Manager, Nursing Supervisor or Social Worker. Our goal is excellence in resident care and we welcome your comments, concerns, suggestions and questions.

DEVICES

Insurance is often available for devices including but not limited to eyeglasses, dentures and hearing aids. We recommend looking into this during your stay. The facility will not be responsible for devices misplaced by Resident during their stay in the facility.

DISASTER PREPAREDNESS

In accordance with Connecticut State Department of Health Regulations, the facility has developed an Emergency and Disaster Preparedness Plan. As part of this Plan, the Facility is required to have an updated list of Residents whose families have indicated that they would accept them temporarily in the event of an emergency. In the event of a disaster or emergency, the facility will reach out to any such designated family member(s) to confirm whether they could accept the Resident should an evacuation become necessary.

EDUCATION COUNSELING

Resident and family education is an important part of working toward the best quality of life and care for each resident. Topics vary based upon the resident's needs. The facility provides a broad range of information on an individual and group basis. Staff is available to address resident and family questions or issues as they arise.

ELECTRICAL ITEMS & EQUIPMENT

Because of fire and safety concerns, no appliances of any kind are allowed at the facility. If you feel that an appliance from home is crucial, please speak to the Administrator. Regulations require that all electrical items in the facility are inspected by the Maintenance Department. Before an item is brought to the facility, families should discuss the plan & make arrangements with the Social Worker. Extension cords are not permissible according to SFD regulations. Please notify the Director of Environmental Services for assistance as needed.

Some residents utilize specialized equipment or chairs. Such items must be evaluated and recommended by the team as consistent with the care plan and safety considerations for all residents in the facility.

FOOD & NUTRITION SERVICES

Resident diets are prescribed by the Attending Physician. The Dietitian or Nurse Manager is available to discuss each resident's needs. The Dietitian will assist in menu planning and individual food preferences. Since many residents have special needs, families must check for diet and consistency issues with the Nurse or Dietitian before offering food or fluids to other residents.

Any food brought into the facility must be approved by the Charge Nurse on the unit to be sure that it complies with the MD diet orders. Leftover food cannot be stored in the unit refrigerator and must be taken with you when you leave, or discarded.

Commercially prepared foods such as soda, pudding, etc. may be brought into the facility only if approved by the Charge Nurse. Items must be dated and labeled with the resident's name and room #. All such storage is at the

discretion of the facility and may be discarded if necessary. Open items may not be stored. Only authorized persons are allowed in facility pantries. The nursing staff will assist the family member.

The facility recognizes the enjoyment residents receive from special foods, however since it cannot be responsible for the sanitary conditions or diet conformance of these items, the facility reserves the right to restrict as necessary. There is a dining room on each unit in which the day's menu is posted. Residents are encouraged to eat in the dining room. Residents who are able to manage their own snacks may store non-perishable items at the bedside. Such items must be stored in air tight containers and may not pose a sanitary or insect problem. Since this issue affects other residents, the facility reserves the right to restrict these privileges and enforce sanitary practices. Meal times and menus are posted on the units and in dining areas. Snack vending machines are located in the facility and may be used as long as the dietary plan is followed.

GRATUITIES / TIPPING IS NOT PERMITTED

Tipping of, or gifts to, staff is strictly prohibited. If you wish to show appreciation to a staff member, a personal thank-you note or letter directed to the Administrator will be most welcomed. Popular tokens of appreciation include coupons for pizza, bagels, cookies and other treats which are greatly appreciated and can be shared by all.

INFECTION CONTROL

All efforts are made to maintain a homelike atmosphere, however, the reality is that many residents are frail and at risk for infections from common organisms. At times, infection control precautions are instituted to reduce the risk of the spread of organisms that may affect residents. The Charge Nurse or Nursing Supervisor will be able to explain any precautions that are in effect. Hand washing is the best defense against any infection and everyone is encouraged to wash frequently and before and after each resident contact.

IMMUNIZATIONS

The facility maintains a record of immunizations that you have received. Immunizations against Influenza (flu) and Pneumococcal disease (Pneumococcus) will be administered unless contraindicated by a medical condition and/or your stated preference. Unless previously immunized, all residents will receive the Pneumococcal Vaccine upon admission. In addition, the annual influenza immunization is administered between October 1st and March 31st of the following year. You will be provided with information on the benefits of receiving the vaccines, potential side effects of the pneumococcal and influenza vaccines and the consequences of not receiving the vaccines. Please discuss any questions you have, or request more information from your physician or nurse.

NON-DISCRIMINATION POLICY

As a recipient of Federal financial assistance, the CASSENA AT STAMFORD does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission to, participation in, or receipt of the services and benefits of any of its programs and activities or in employment therein, whether carried out by CASSENA CARE AT STAMFORD directly or through a contractor or any other entity with whom the CASSENA AT STAMFORD arranges to carry out its programs and activities.

This statement is in accordance with the provisions of Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Regulations of the U.S. Department of Health and Human Services issued pursuant to the Acts, Title 45 Code of Federal Regulations Part 80, 84, and 91. (Other Federal Laws and Regulations provide similar protection against discrimination on grounds of sex and creed.) In case of questions concerning this policy, or in the event of a desire to file a complaint alleging violations of the above, please contact:

CASSENA CARE AT STAMFORD
Administrator: RITA LYNCH
Telephone number: (203) 351-8301

PASS VISITS

The facility has an "Out-on-Pass" rule requiring residents and/or their designated representatives to notify the facility when a resident is leaving the building. A minimum of three days' notice is required in order to arrange for necessary medications. A medication instruction form will be provided. Residents must sign out at the nurses' station prior to leaving the facility.

Approval for a pass is contingent on the resident's Interdisciplinary Care Team (Care Team) determination that a pass will not jeopardize the resident's medical well-being and the attending physician's order.

Medicare will terminate coverage for Medicare beneficiaries receiving physical, occupational and/or speech therapy ("therapy services") if the Resident does not receive therapy for three (3) consecutive days, whether planned or unplanned, for any reason, including illness or refusals, doctor appointments or religious holidays. If such therapy is the basis for Medicare Part A coverage, the Resident will be responsible for the cost of his/her stay, unless another payor source is available.

The facility expects residents and/or family members to advise the facility of where the resident is going (in the event of the need to contact the resident), how long the resident will be away (in order to ensure necessary medication/treatments are considered), and the person who will be accompanying the resident.

If the resident disregards the Care Team's determination and leaves the facility without approval, such leave will be deemed to be "Against Medical Advice." The facility cannot, and does not, assume any responsibility for a resident who leaves the premises without approval. The facility will notify the resident's family, any interested/designated persons and/or the police department, as appropriate, and may permanently discharge the resident if the facility's procedures for approval to leave the premises are not followed.

RESIDENT COUNCIL & FAMILY MEETINGS

Resident Council meetings are held monthly and provide the opportunity for residents to voice common issues and opinions. Family meetings are periodically scheduled as informational sessions on various topics of general interest and to apprise families of facility initiatives or changes. Discussion of individual resident issues is best handled through communication with the Social Worker who can arrange for appropriate team members to participate. We recognize that families are also experiencing their own degree of stress related to the resident's situation. Our goal is to provide supportive and constructive guidance to the resident and family in working through these issues.

RESIDENT RIGHTS

Resident rights information is available through the Patient & Family Services office and posted throughout the facility. Any questions regarding these rights may be discussed with the social worker, nurse manager or any member of administration.

RESTRAINT

The philosophy of the facility is to provide the resident as much freedom of movement and independence as possible consistent with resident's wishes, physical and mental status. CASSENA CARE AT STAMFORD is a restraint-free environment. In instances when it may become necessary to use alternate means such as vest restraints, side rails

or lapboards to provide for the resident's safety, we will contact you.

ROOM ASSIGNMENTS

A resident will be assigned a room on a unit that will provide the most appropriate care for the resident. In the case that such a room is not available at the time of admission, the resident will be assigned a temporary room where he/she can be cared for until a permanent room becomes available. Periodically, residents in a semi-private room who do not have a roommate will receive a new admission/roommate and proper notification will be given to the resident and/or Designated Representative. Whenever a room change is indicated, the resident and family member/legal representative will be notified in advance of the change.

Should a health problem or other medical emergency require a room change, such change will be implemented immediately by the Administrator, and the next of kin will be notified as soon as possible.

If a resident desires a room change for personal reasons, the social worker assigned to the resident will consult with the individual(s) involved as well as with the family, in order to arrive at the best solution for all parties.

SAFETY & SECURITY

Safety of all persons in the facility is a primary concern. Anyone noting a hazardous situation, accident or injury is requested to report it immediately to the Charge Nurse or Nursing Supervisor.

The facility is considered the resident's home and as such security and privacy are extremely important. All persons visiting the facility must sign-in at the reception area and are requested to treat the facility and residents as if they were guests in someone's home. Any time a resident leaves the nursing unit, they must be signed out prior to leaving and back in upon return at the nurses' station.

Patios are available for the enjoyment of residents and families during daylight hours. Visitors are requested to clean up and remove any waste material and place it in a waste container. Please advise the Charge Nurse if you are escorting a resident outside.

The facility is equipped with several security systems to safeguard residents. Please do not assist someone you do not know to exit a unit or go outside the facility. Visitors are to enter and exit the facility through the Main entrance only.

Fire and Emergency procedures are routinely practiced by staff as part of the facility emergency operations procedures. If you are in the facility during a drill or emergency situation, please follow the direction of staff. The primary responsibility of staff is for the residents. Do not park in Fire Zones. These areas are reserved for emergency vehicles.

Families are requested not to bring breakable items, i.e.: glass vases/objects and picture frames into the facility. Sharp objects should not be brought to the facility, i.e.: scissors, knitting needles, knives, etc. If a resident's hobby requires the use of these items, the Activity staff will assist with safe storage arrangements.

The facility retains the right to refuse access to the premises of persons considered dangerous, disruptive or inconsistent with its operations. Any private duty companion must be reviewed and approved by the facility. CASSENA CARE AT STAMFORD strictly prohibits anyone to enter the facility with any object that might be utilized as a weapon or any firearms. Anyone found in possession of same or exhibiting inappropriate behavior will not be allowed to remain on facility premises.

To insure the safety and well-being of the residents, staff and visitors, the facility reserves the right to inspect all packages and bags. This includes resident belongings as well as locked cabinets.

Cooperation is required for availability of areas for cleaning or maintenance needs.

Facility owned wheel chairs cannot be taken off premises upon discharge or transfer to another facility.

SMOKING POLICY

The facility is committed to maintaining a smoke-free and vape-free environment that allows for the promotion of health, comfort and safety of everyone associated with the facility. In keeping with Connecticut's Clean Indoor Air Act, there is no smoking or vaping inside the facility. Under no circumstances will a resident or his/her visitors smoke or vape anywhere on the facility's grounds or in the building(s) of the facility, nor will he/she maintain or store any smoking or vaping material, electronic nicotine delivery systems or devices, oils, paraphernalia or other flammable, spark, smoke or vape producing device(s) in his/her room at the facility.

SOCIAL SERVICES

Each resident has a Social Worker as part of the team who assists in preparing Advance Directives and addressing adjustment and emotional concerns about living at the facility. The Social Worker assists in clarifying financial questions and serves as the family contact for information and referral. The Social Worker assists in obtaining services such as Support groups, Psychological counseling, Hospice care, Discharge Planning and Home Care Services. The Social Worker serves as the contact with the Designated Representative for the team concerning Advance Directives, Care Planning and on-going issues.

SPIRITUAL NEEDS

Part of the team approach is to identify resident's spiritual needs, whatever they are. Everyone expresses him/herself differently and we try to meet this part of the resident's wellbeing through discussion with the resident and family. The Therapeutic Recreation staff and Social Worker are available to discuss individual needs, however at any time the Nursing staff can assist. At different times in life, needs change and it is our goal to be of assistance when needed.

TRANSPORTATION

Staff will assist families in transportation arrangements and can provide information regarding methods, providers and qualified coverage. However, the facility does not provide transportation service for residents or staff to accompany the resident.

Emergency ambulance transportation to the hospital for an acute episode is arranged by the Nurse when the MD directs that the resident be sent to the hospital for care. The facility does not assume financial responsibility for ambulance transport and in some circumstances a fee or co-pay is billed to the responsible party.

VISITATION

Our visiting policies encourage families to visit with their loved one and to spend important family time together. Visits are allowed in the resident's room, lounges and patios of the facility.

Residents have the right to receive and refuse visitors. In accordance with our responsibility to safeguard the resident's home environment, the facility staff may seek the identification of any person whose identity or purpose is unknown or restrict inappropriate visitation. Visitors are required to use the Sign-in Book at the Reception area.

Visiting needs to be conducted so that it does not interfere with resident's therapy or treatment and respects the rights and privacy of all residents of the facility including roommates. Restrictions placed upon visiting are discussed with the resident and designated representative. Visitors should be considerate of all residents in the facility, including limiting the number of people, noise level, duration of visit and monitoring for fatigue or illness of residents. Children under 12 years old and pets must be supervised when in the facility by the person who accompanies them. They may not freely roam the unit or facility.

Special visiting arrangement requests should be discussed with the Social Worker. Families are encouraged to arrange special occasions such as birthdays, anniversaries, etc. through the Activities Department.

Visitors may dine with residents in the dining rooms with advance purchase of meals at the Reception Desk. Please order your lunch guest meal by 11 a.m. and your dinner guest meal by 4:00 p.m.

Visitors are not permitted in resident's room while staff is providing care unless authorized by the Nurse Manager or Nursing Supervisor.

Visitor parking is permitted in the facility front parking lot, as clearly marked by signs.

Visitor's bathrooms are located on the lobby level. Residents should return to their unit bathroom due to the need for supervision and assistance. Please ask unit staff for assistance. Visitors may not provide transfer or lift assistance to residents.

Infection Control measures may require restrictions at times as units with an illness outbreak may be closed. Visitors are requested to refrain from visiting at times when the risk of exposing residents to infection exists, i.e.: colds & flu. The presence of very young children should be evaluated as an Infection Control consideration. Special arrangements may be made during times when Infection Control measures are in effect. Any questions can be answered by the Charge Nurse or Nursing Supervisor. Families are encouraged to receive the annual flu shot and pneumonia vaccination as appropriate from their own MD.

ATTENDING PHYSICIAN

Residents have the right to request their preferred physician. These physicians must be licensed to practice in Connecticut, complete the credentialing process and be approved prior to them being allowed to practice in the facility.

ANTIBIOTIC STEWARDSHIP

Antibiotic Stewardship is a program and protocols set up to make sure residents receive the right dosage, right antibiotic, for the correct duration and are used when only truly necessary. The use of this program will assist in preventing and reducing the use of unnecessary antibiotics.

DENTURES

At the time of admission it will be documented when a resident is admitted with dentures. Nursing will indicate if a resident wears dentures at all times or if there is a potential risk for loss. A care plan will be developed to address the risk for loss and the team will develop strategies to try to help prevent and minimize loss.

In the event dentures are ill fitting, lost or damaged a referral to the dentist is generated within 3 business days from the time the complaint, loss or damage is identified. If there are extenuating circumstances that result in the delay of the dental referral it will be documented in the Medical Record.

My signature below is attestation that I have reviewed the facility **Welcome Packet** and was provided the opportunity to review any questions regarding the information.

Name of Resident / Designated Representative receiving Welcome Packet

Signature of Resident / Designated Representative / Date

Signature of Facility Representative / Date