

IDAHO DIVISION OF VETERANS SERVICES

**IDAHO STATE VETERANS HOME - POCATELLO
NURSING CARE HANDBOOK**



“CARING FOR AMERICA’S HEROES”

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WELCOME!

The Idaho Division of Veterans Services "IDVS" and the Idaho Veterans Affairs Commission welcome you to the Idaho State Veterans Home-Pocatello, the "Home". We hope you find your stay here comfortable and enjoyable.

Specific rules and policies have been established by the IDVS and the Home to operate the Home in a manner that will provide a desirable living environment. Each resident is expected to comply with these rules and policies and conduct him or herself in a manner that is not offensive to others.

This handbook is designed to help you understand the Home. The handbook contains the policies and rules applicable to residents and describes the services available to residents. These descriptions are provided for the convenience of residents. In the event of any inconsistency between the handbook and the rules or policies, the applicable rule or policy prevails over the descriptions in this handbook.

You are invited to discuss concerns you may have about the Home and its operations with the Home Administrator or Home staff. We hope your stay with us is a pleasant experience.

DESCRIPTION OF THE IDAHO STATE VETERANS HOME – POCATELLO

Built on property donated by Idaho State University, the Home provides residents with the beautiful hilltop view of the City of Pocatello. This 66-bed skilled nursing facility offers a large therapy gym, as well as a spacious activity room. Other facilities include a chapel, library, multiple lounge areas with big screen televisions, pool table, a canteen and a dining room. There is also a covered patio, gazebo, and rose gardens that residents may plant and tend to. The back yard is fully fenced.

Large windows throughout the facility allow residents to watch the wildlife that visits the grounds, including Canada geese, duck, deer, squirrels, chipmunks, and a variety of birds. The facility is beautifully landscaped and is paved all the way around for easy wheelchair and walking access. Our facility is one level with a centrally located nurse station.

Mission Statement

At the Idaho State Veterans Home in Pocatello, we are committed to the creation of a vibrant culture that will drive our efforts to influence the well-being of as many veterans as we have the ability to care for. This home is their home and we are their family. We cannot be satisfied until we consistently exceed their expectations and as we follow their example we know "One Person Can Make a Difference". They protected our rights and freedoms and we are determined to do likewise as we seek to live the Double Platinum Standard.

Vision Statement

The Idaho State Veterans Home is "Caring for America's Heroes." The goal of the Idaho State Veterans Home is to assist residents in attaining or maintaining their highest level of independence within the least restrictive environment. The Idaho State Veterans Home is dedicated to transitioning residents to independent living in the community whenever possible.

ADMISSION TO NURSING CARE

Nursing Care Eligibility Requirements

The eligibility requirements for nursing care at the Home are set forth in Idaho Code title 66, chapter 9 and the rules found at IDAPA 21.01.01. Attached hereto this Handbook as IDAPA 21.01.01 - Rules Governing Admission, Residency, and Maintenance Charges in Idaho State Veterans Homes and Division of Veterans Services Administrative Procedure, and by this reference incorporated herein.

Applicants may be peacetime or wartime veterans and spouses of eligible veterans, with wartime veterans retaining priority admission status. Applicants must have been discharged under honourable conditions and be a bona fide resident of the state of Idaho. In addition, applicants must be unemployable as a result of age, illness, or disability. Effective July 1, 2000, applicants must apply for and become eligible for Medicaid benefits or must pay the established maximum monthly nursing care charge.

The Home is a Medicare and Medicaid certified facility. The following is a summary of these eligibility requirements. To be eligible for residency in nursing care, applicants must meet the following criteria:

1. Applicants may be peacetime or wartime veterans, and their spouses, with wartime veterans receiving priority admission status. The total service time must be at least 90 days, with an honourable discharge. A copy of the Veteran's discharge papers (DD-214 or equivalent) must be provided with the application. If the discharge papers are unavailable, a copy can be requested through the Department of Veterans Affairs. We will assist with the request.
2. Applicants must be a resident of the State of Idaho at the time of application.
3. Applicants must apply for (or already be in receipt of) a VA pension, and Aid and Attendance. We will assist with the pension application
4. Applicants must either be eligible and apply for Medicaid benefits, or pay the current maximum monthly charge. Please include with the application a copy of the Veteran's Medicare card, private insurance cards, Social Security card, and Medicaid card. We welcome applicants who may not be Medicaid approved yet, and we will assist them with the application process.
5. Spouses or widows of veterans (eligible for nursing care only) will need to provide proof of marriage and the veterans DD214 when they apply.
6. Veterans may be admitted without regard to their financial status.

Nursing Care Resident Room Assignments

The Home assigns residents to rooms based upon considerations such as the extent of the resident's disability, age of the resident, the resident's likes and dislikes, the level of care received by the resident, and the availability of rooms. There are 66 nursing care beds on three units. The majority of the rooms are semi-private and share toilet facilities with the adjoining room. Private rooms are located nearer the nursing station and are reserved for isolation and observation purposes, or for the more critically ill. Permission to add or remove room furnishings must be granted by the Home Administrator or his/her designee. Families are encouraged to take excess personal items and larger items such as suitcases with them as storage is limited. Upon discharge from the facility, family is asked to remove personal items within thirty (30) days from discharge. Because there is no storage space available for those other than current residents, no items will be put into long-term storage.

Each room comes equipped with a standard hospital bed and night stand. The closet and dresser are built in. Each resident also has one half of the entertainment unit which has additional shelves for personal items. Because this is a medical facility that must follow state regulations and with medical assistive devices the furniture cannot be rearranged, nor can other beds be brought into the facility without a request in writing to the Home Administrator. Written approval or denial will be provided.

In an effort to provide for a safe living environment the following items are not allowed in a resident room:

- Flammable and combustible materials
- Extension cords, outlet adapters, and power strips
- Heating pads
- Heaters
- Appliances such as but not limited to refrigerators, microwaves, hot plates etc....
- Glass covered picture frames
- Plastic storage bins that cannot fit in the closet or on a bookcase

In an effort to make a resident's room as homelike as possible and to provide some space for storage of personal items the following items can be brought into a resident's room.

- A non-electric reclining chair made of washable material, such as vinyl or leather no wider than 34"
AND
- Dressers no larger than 47"H 36"W and 19"D with legs between 4" and 6" in length
OR
- Bookcases no larger than 47"H 36"W and 19"D

THE COMBINED WIDTH OF THE DRESSER/BOOKCASE COMBINATION MUST FIT WITHIN A WIDTH OF 54 INCHES.

The above items need to be placed in a resident's room where they will not interfere with the movements of mechanical lifts, or access to a resident's bed, or removal of a bed from the room, or infringe upon the rights or health and safety of other residents, and the personal space of a roommate.

By bringing approved items into the resident's room the resident and family agree to the removal or rearrangement of the items if they interfere with the movements of mechanical lifts, or access to a resident's bed, or removal of a bed from the room, or infringe upon the rights or health and safety of other residents, and the personal space of a roommate. The family also assumes responsibility of lost, stolen, or damaged items. The above items need to be approved by the administrator or his designee before being placed in the resident's room. Before anything electrical is placed in the resident's room it must be approved by the Building Facility foreman.

All items, including furniture, other decorative items as well as all clothing need to be placed on the resident's inventory sheet. **The facility does not have more than 10 sq. feet of storage space available to store resident's items that cannot be properly stored in their rooms.**

Residents are encouraged to decorate their room with personal items to make it as homelike as possible. All pictures with the exception of those hung on the bulletin board must be hung by maintenance staff. Storage space for clothing and other personal items is provided in each room.

A room assignment need not be permanent and every effort will be made to make the arrangements satisfactory. Residents may request room reassignments by contacting the Social Services Department. The Home will make room reassignments on a case-by-case basis.

Available Long Term Care Resources and Specialty Medical Care for Veterans in State Veterans Homes

Attached hereto this Handbook as Summary of VA Long-Term Care Programs, FY2010, and by this reference incorporated herein.

SERVICES AVAILABLE TO NURSING CARE RESIDENTS

Medical and Nursing Services

As a resident of the Home, residents' general medical care will be provided, within the facility, by a duly credentialed physician on the Home's contracted medical staff unless the resident notifies the facility he/she has arranged for a different physician to supervise his/her care. Physicians are always on call for emergencies.

Resident's will be assigned one of the facility's staff physicians at the time of admission. The Home's current staff physician is Dr. Blaine Olsen.

If residents need to contact their physician, at any time, we recommend they inform the on-duty nurse. The on-duty nurses will assist in contacting the physician. For urgent medical needs, the unit nurse will automatically contact the resident's physician. For other matters, the unit nurse will contact the physician on behalf of the resident through our non-urgent communication procedures. If you wish to contact your physician by other means, please discuss the matter with the physician at your next visit. Your on-duty nurse can be reached at the nurse's desk - 208-235-7848 or on the RN cell phone – 208-241-3727.

Professionally licensed staff trained in geriatrics will provide twenty-four (24) hour nursing care. There is a licensed nurse on duty at all times, as well as a full complement of certified nurse aides. Medications will be provided through our contract pharmacy. Physical, speech, and occupational therapy services are available when ordered by the physician.

Social Services

Social workers are available to assist residents and applicants with admission and discharge planning. They provide individual and family counseling and advocate for residents' non-medical problems. During the admission process, the social worker will provide information to nursing staff about the resident's social history and family situation. This information will assist staff in recognizing each resident as a unique individual. Social workers make daily rounds of the facility, providing support, assistance and referral to counseling services as needed.

The Social Services Department offices are located in the main hallway. They are dedicated to assisting residents and their family members in dealing with the multitude of details related to their stay. Each resident has a social worker to assist him or her to obtain and maintain the highest practical level of function. Being accessible to promote the highest level of communication is the key to quality care. Please do not hesitate to contact the Home's social services staff.

Religious Services

The Home has a beautiful and peaceful Chapel that is accessible for your use. The Chapel is located at the end of the east hallway. Non-denominational services are provided as well as LDS services. The Chaplain is here to serve residents and make their time here a good experience. Please feel free to call upon the Chaplain for pastoral care or to arrange for other clergy to minister to you. Inspirational literature is available and religious activities such as reminisce group, inspirational films, and bible study are listed on the monthly activity calendar. Please feel free to utilize the Chapel for moments of reflection.

The Chaplain is also available to assist residents with forming a will or making final arrangements. His office is located in the Chapel.

Veteran Service Officers

The Office of Veterans Advocacy (OVA), a part of the Division of Veterans Services, provides assistance with problems or questions relating to veterans' benefits. Their office is conveniently located in the Home at the end of the north hallway (adjacent to the laundry room) and they can be reached by telephone to make an appointment at 208-235-7890. Business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday with lunch from 12:00 p.m. to 1:00 p.m.

Food Services

Our dining room offers an array of tasty and healthy foods. Menus are varied and change with each season. While we encourage residents to eat in the dining room, meals can be brought to their room if ordered by nursing staff. We do ask that residents store any perishable food kept in their room in a sealed container. A refrigerator is available at the nurses station if so desired.

Dietary: Menus are posted in the main hall and most special diets can be accommodated. During the admission process, a Registered Dietitian or the Dietary Services Manager will visit with the resident. Along with resident's personal preferences and his/her physician's orders, an individual diet that is both appetizing and nutritional will be developed.

Pantry: The nursing station has a pantry. This enables our nursing staff to serve snacks, beverages and sandwiches as needed for special dietary plans. You may also contact the dietary staff to make arrangements with foods that you prefer.

Snacks: Snacks are available on a 24-hour basis. Please contact the nursing station if a nutritious snack is desired.

Family Meals: One guest may eat with residents once a month free of charge. There will be a \$2.00 per meal charge for any additional meals. Tickets can be purchased from the Business Office Monday – Friday 8 am to 5 pm. Tickets do not expire and should be purchased in advance. In all cases, residents or visitors should notify the dietary or nursing staff as early as possible of extra meals that are needed. This is especially important during the holiday season. If you are eating the same day please notify the kitchen no later than 10:30 a.m. for lunch and 3:30 p.m. for dinner. They can be contacted at 208-235-7868 or you can go into the kitchen and sign up. Prior to being served

your meal please put your name and the date on the meal ticket and leave it on the clip board located just inside the kitchen door. Meals are served to residents and their guest(s) in the canteen after all meals have been served in the dining room, this is usually within 30 minutes after the regularly scheduled meal time. There is a maximum of 4 guests per resident per meal.

Canteen: For the convenience of residents and staff, the Idaho Veterans Assistance League operates the Pocatello Canteen. Volunteers from veterans' organization or from the community are welcome to assist by contacting the Home's Volunteer Services Department at 208-235-7873. The canteen is located across from the Business Office near the front entrance. Confections and a variety of snack foods are available at reasonable prices. There are also vending machines in this area. We ask that all beverages in the facility, except those consumed in the canteen or the dining room, have a cover to prevent spillage. We encourage residents and families to adhere to the most current diet plan for the resident.

Activities and Recreation

Recreational and social activities are vital to residents' social, physical and emotional well-being. By offering a variety of activities, the Home encourages residents to continue associating with groups, develop new interests or continue old ones, and maintain physical fitness. To facilitate resident participation in activities, residents will be interviewed soon after admission to determine their recreation and activity preferences. Group and individual activities are offered on a daily basis and a schedule of activities and events is posted in the main hall. Exercise and walking groups, birthday and holiday parties, fishing trips, musical events, field trips, barbecues, bingo, movies and out-of-facility meals are just a few of the activities available.

Recreation Areas: Recreation areas are available for resident use. The recreation areas offer puzzle tables, card tables, DVD player, pool table, and an assortment of paperback books and popular magazines for residents. Some recreation areas are furnished with comfortable sofas and chairs and are well lighted for reading.

Reading Library: Daily local newspaper, books and magazines are available in the library located down the east hallway for resident enjoyment. Residents are encouraged to take only the book they are reading and return it when they are finished and before selecting another book.

DVD Library: Each resident has a Blue Ray player in their room. We have a large selection of movies that residents are able to check out. The video library and check out book is located in the activities department down the west hallway. A resident can simply ask any staff member to aide in checking out a movie.

Arts and Crafts: The Activities Department has leather kits, ceramics supplies and other arts and crafts items available for resident use. If you have interest in other hobbies, lease contact the Activities department down the west hall or call at 208-235-7870.

Televisions: Televisions are provided for each resident in their rooms and throughout the Home for resident use. For privacy purposes, we do ask that headphones are utilized. (provided by the Home or you may bring in your own).

Computers: Computers are available for resident use and are located in the lounge/puzzle room. Residents must follow the Home requirements for computer use. The Home may limit the times and length of use and the use of the Internet, where available.

WIFI Internet Access: The Home offers free wireless Internet access throughout the entire building for the convenience of residents, their families and visitors. For assistance, please contact the Social Services or Activities Department staff.

Facility Telephone

The Home provides a cordless telephone at the nursing station & a phone in the library for resident use. Residents may contact the nursing staff or his/her social worker if privacy is desired or if assistance is needed in placing a telephone call. Telephones are also provided for each resident in their room at no additional charge. Family members may contact the nursing station by using the main switchboard number, (208) 235-7800 or call directly to the residents room.

Personal Telephone and Cable Television Services

A telephone and basic cable television services will be provided to each resident in their room. If a resident wishes to purchase expanded cable television through Cable One, he/she will be responsible for the cost of the upgrade as well as the month to month charge over and above the basic cable price. If a resident desires to change rooms, he/she will be responsible for any costs incurred in transferring the expanded cable services. If nursing staff believes it is in the resident's best interest to change rooms, the Home may be responsible for those costs. Cable One must perform all installations or other work on cable television. If residents wish to have expanded cable brought into their room, Social Services are available to assist residents in arranging services.

Mail

Outgoing mail can be mailed through the Business Office at the Home. Incoming mail will be delivered to residents' rooms on a regular basis. Stamps and Stationary supplies are available through the Activities Department or the Business Office upon request. If residents require assistance in writing a letter, or reading incoming correspondence, please don't hesitate to ask a member of the activity or social work staff for help.

The mailing address of the Home is:

Idaho State Veterans Home – Pocatello
1957 Alvin Ricken Drive
Pocatello, Idaho 83201

Discharged residents should provide a forwarding address to the business office or social services staff.

Transportation

Transportation to medical appointments may be provided by the Home. Activities staff and/or volunteers may, if available when requested, provide residents with transportation for banking and other local individual transportation needs. Out-of-town transportation for medical appointments is available, however the Home will contact next of kin to request assistance with transportation were possible. If you can

transport or accompany, please notify the Social Services Department. The operation or storage of privately owned motor vehicles on the Home property by nursing care residents is prohibited per Idaho Code 21.01.01.300.01.

Barber and Beautician

Barber and beautician services are available to residents at the Idaho Home barbershop for a nominal charge. The scheduled hours of service are posted next to the shop. Please contact the business office to schedule an appointment or for a price list.

Laundry Services

The Home launders linens, towels and clothing for residents. Laundry service is provided as part of the daily rate. Staff will label residents' personal clothing with his/her name to help prevent loss, misplaced items, confusion, etc. Nursing staff will gather personal clothing that is to be sent to the laundry and will return the laundered items to each resident's room. If preferred, residents may choose to have family do their laundry. If residents have items that need dry cleaning or special care, it is recommended that they be sent out (at the resident's expense). The Home is unable to provide mending services such as zipper repair, button replacement, patching tears, etc. It is recommended that wool clothing not be purchased since it will shrink during the laundering process.

ADDITIONAL CLOTHING BROUGHT IN AFTER ADMISSION

1. Please place all clothing in a bag with the resident's name written directly on the bag (please do not use post it notes).
2. Please take all clothing to the business office, Monday through Friday 8:00 am to 5:00 pm.
3. Please complete an Inventory Changes form (located in the Business Office or at the Nurses' station) which will list all items, their quantity, description and size. Check the Items In box on the front of the form. Give this form to one of the staff members in the Business Office. They will make sure the clothing gets to the appropriate staff to be labeled and put away.
4. If you are unable to bring additional clothing in during regular business hours please complete step one and three and take the clothing to the Nurses' Station letting them know the clothing needs to be labeled.
5. Please make sure you get the name of the staff member to whom you delivered the clothing. To follow-up, you may call the next business day to make sure the clothing was received by the Senior CNA for labeling. If for some reason they did not receive the clothing please let them know the name of the staff person to whom you delivered the clothing to so they can better assist in this process.

CLOTHING TAKEN OUT OF THE FACILITY

1. Please complete an Inventory Changes form (located in the Business Office or Nurses' Station) which will list all the items, their quantity, description and size. Check the Items Out box on the front of the form and make sure the form gets to the Senior CNA who will in turn take the items off the master inventory sheet.

Volunteer Services

Volunteer programs play an important part of the services provided at the Home. They also provide an opportunity for residents to serve as volunteers. Some of the services provided by volunteers include sponsoring card parties, bingo, sing-alongs, providing special holiday meals, maintenance of the library and writing letters and visiting with residents. The Canteen located just inside the front door is staffed entirely by volunteers. The American Legion Auxiliary volunteers provide an annual Christmas Gift Shop where residents may select (at no charge) gifts for family members. The Home averages over 1,000 volunteer hours per month.

Canteen Coupons: Many service organizations sponsor prizes in the form of canteen coupons for our recreation programs including bingo and card parties. These coupons are given to residents who participate and win various activities. The coupons can be used in the canteen. They are not redeemable for cash and cannot be used for special orders. Coupons expire upon a resident's discharge.

The Home's volunteers are dedicated to meeting the needs of Idaho's Veterans and improving the community in which they live. Residents who wish to volunteer or who have a need a volunteer can assist with should contact the Volunteers Services Coordinator at (208) 235-7873.

Resident and Family Meetings

The Home will host resident or family groups when requested. A resident or family group is defined as a group that has the right to meet in the facility with families of other residents in the facility to:

- Discuss and offer suggestions about facility policy and procedures affecting resident care, treatment, and quality of life;
- Support each other;
- Plan resident and family activities;
- Participate in educational activities; or
- For any other purpose

Upon request, the Home will:

- Provide a private meeting space in coordination with the Home's scheduled meetings.
- Provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings.

The Home has an active Family Council with meetings held every other month. Notices of dates/times will be posted on the bulletin board located in the main hallway across from the dining room. For more information on the Family Council you can contact social services at 208-235-7877.

Resident Council

Residents of the Home are invited to participate in the monthly Resident Council meetings usually held the last Thursday of every month. While the Home takes pride in providing the best possible care to our residents, we understand there may be suggestions for improvement. The Resident Council represents residents by assisting the Home with its resident grievance and suggestion processes, communicating

resident concerns to the Home, participating in the resolution of problems, and/or making suggestions. In addition, it provides management with an opportunity to explain administrative procedures and announce future plans and activities. Select Home staff (e.g. the Home Administrator and social services personnel) attend the meetings by the authorization and request of the Council. Other staff members may also be invited to attend.

Additionally, there is a suggestion box located at the entrance of the main hallway and at the nurses station. Residents, family members, visitors, volunteers and staff are encouraged to offer suggestions on any subject that would assist us in providing better service to our veterans.

Security

We strongly suggest that any valuable items, especially those of heirloom significance, remain at home or with other family members. If residents choose to keep valuables at the Home, please keep them properly stored or in the locked drawer in the resident's room.

Security Cameras have been installed in entrances, exits, and outside, but never in areas where privacy would normally be expected, in an effort to provide additional measures in the assurance that the Home is providing and maintaining a safe and secure environment for employees, visitors and the residents living in the Home. Recorded camera footage will only be used to investigate a concern or to learn more about an incident where the footage could assist in improving the quality of services the Home provides to residents, employees and visitors

Roam Alert System: For the protection of our residents who are at high risk for wandering or becoming lost outside the building, the Home has a monitoring system. Residents may be required to wear an electronic signal bracelet. This system is generally a passive one, sounding an alarm when a resident, wearing the bracelet, comes within range of the monitoring device. A signal is also sent to the nursing station to alert staff. This system will automatically disable in times of emergency to allow safe evacuation of the Home.

Per IDAPA 21.01.01.201, weapons including, but not limited to, firearms, ammunition, straight razors and knives are not allowed.

Grievances and Lost & Missing Items

A resident, his or her representative, family member, visitor or advocate may file a verbal or written suggestion/grievance concerning any suspected violation of state or federal nursing facility regulations, including but not limited to resident abuse, neglect, exploitation, misappropriation of resident property in the facility, noncompliance with the advance directives requirements and requests for information regarding returning to the community. The Home will take reasonable care in protecting residents' personal property within its control from loss or damage. The resident is also responsible to take steps necessary to protect from damage or loss to personal property, including but not limited to, clothing, sensory aids, dentures, or prosthetic devices. The Home posts contact information for the Bureau of Facility Standards, Medicare and Medicaid, the local Ombudsman, and others. Grievance forms are located outside the social worker's office in the main entry hallway.

FINANCIAL INFORMATION

Resident Accounts

At admission the resident or the resident's responsible party is given the option to place a minimum amount in the resident account, making it available for the resident's use. Any funds in excess of \$50 will be deposited in an interest bearing account (Resident Trust account) that is separate from any of the facility's operating accounts. All interest earned on the resident account will be credited to the account. Funds less than \$50 may not earn interest. Residents whose stay is paid by Medicare A will have all trust funds in an interest bearing account if the balance is greater than \$100.

Funds will be available to residents in the Business Office during normal business hours (Monday through Friday, 8:00 a.m. until 5:00 p.m.), and at the nursing station after 5:00 p.m. on weekdays, weekends, and on holidays.

Residents will be provided with a quarterly statement of their Resident Trust account showing the activity in the account during the quarter. Residents may also request a statement of their account balance at any time. In the event of death, any funds remaining in the resident's account at the Home will be applied to outstanding bills incurred by the resident. All money remaining in the account after that deduction is made will be held until the resident's will has been probated or legal authorization to dispense funds has been received

Billing

Nursing care residents must either apply for and become eligible for Medicaid benefits, or must pay the maximum monthly nursing care charge as it may be established from time to time, and any medication and ancillary charges. Eligibility for Medicaid benefits is determined entirely by the Idaho Department of Health and Welfare and its agents. Those who cannot, or choose not to, qualify for Medicaid shall be required to pay for services in full from other than Medicaid.

The Home will bill nursing residents at the current maximum charge plus medications and ancillary charges (plus the VA per diem rate for non-veteran residents) until Medicaid eligibility is determined. If the resident is determined eligible for Medicaid, adjustments to charges will be made based upon the information supplied by Medicaid. The Home is also a Medicare A provider. In the event that the resident meets the necessary eligibility requirements for a skilled nursing stay, Medicare A will be billed for the care provided. Therapy services covered under both Medicare A and Medicare B will also be billed according to eligibility. A co-pay of 20% may be charged to the resident for these services. A representative for the Home will contact the resident or responsible party regarding any additional charges that may be incurred.

Residents may be billed by other providers, including but not limited to physician visits, laboratory/x-ray, medications, and other services prescribed by their physician.

The current monthly charges and any change to the maximum charge will be posted in the Home Business Office thirty (30) days before the new charge goes into effect. Pursuant to IDAPA 21.01.01.950.02 of the Idaho Division of Governing Admission, Residency, and Maintenance Charges in Homes and Division of

Veterans Services Administrative Procedure, residents can be discharged from the Home for refusal or failure to pay established maintenance charges or related expenses.

NOTICE TO RESIDENT: Residents may be eligible for benefits payable under either the Medicare or the state Medicaid program. The Home does not guarantee that residents will be eligible for or be granted benefits under either the Medicare or Medicaid program.

Direct Deposit

The U.S Department of the Treasury will pay all federal benefit and non-tax payments electronically. Residents who receive federal benefit payments from the Social Security Administration, Veterans Affairs, Railroad Retirement Board, Office of Personnel Management or Department of Labor (Black Lung), must choose an electronic payment option. Home residents can choose to conveniently receive their payments by **direct deposit** to their Resident Trust account at the Home or choose to receive payment by direct deposit to a bank or credit union of their choice, or to a Direct Express Debit MasterCard ® card account. If a resident does not choose an electronic form for payment at the time they apply for federal benefits they will receive their payment via the Direct Express ® card so they will not experience any interruption in payment. At this time, the Home cannot process payment utilizing the Direct Express ® debit card. A resident choosing this option would be required to withdrawal funds from their account and pay their bill at the Home with cash or a money order/cashier's check. For more information and/or assistance, please contact the Business Office at 208-235-7800.

What is Medicare?

The Medicare program is a federal health insurance program for those over the age of 65 and for certain disabled Americans. Medicare coverage is separated into two broad categories called Hospital Insurance (Part A) and Medical Insurance (Part B). The program is administered by the Health Care Financing Administration of the Department of Health and Human Services.

What Kinds of Services Does Medicare Cover?

Hospital Insurance (Part A) helps to pay for:

- Inpatient hospital care
- Inpatient care in a Medicare-approved skilled nursing facility following a hospital stay
- Home health care
- Hospice care

Medical Insurance (Part B) helps to pay for:

- Doctors' services
- Outpatient hospital services
- Durable medical equipment
- Diagnostic tests
- Ambulance services
- Several other medical services not covered by Hospital Insurance

Who is Eligible for Medicare?

Hospital Insurance- You may be eligible for Hospital Insurance if:

- You are 65 or older and you receive or are qualified to receive benefits under the Social Security or Railroad Retirement system; or
- You are 65 and you or your spouse had Medicare-covered government employment, or
- You receive continuing dialysis for permanent kidney failure or if you have had a kidney transplant.

Medical Insurance- You may be eligible for Medical Insurance if:

- You are 65 or older; or you are eligible for Hospital Insurance.

How Do I Enroll in Medicare?

You may find out more about your eligibility and how to apply for Medicare by calling 1-800-447-8477, or 208-367-0333.

What is Medicaid?

Medicaid helps people pay for medical care. Medicaid pays for medical services which protect your health. Medicaid is administered by state government.

What Kinds of Services Does Medicaid Cover?

Medicaid coverage varies from state to state and covers a wide range of health care services which may include inpatient and outpatient hospital services, skilled nursing care in certified facilities, physician services, laboratory services, radiology services and a variety of therapies (physical, occupational, speech, etc.). Medicaid may also help to pay for expenses not covered by the federally funded Medicare program.

Who is Eligible for Medicaid?

You may be eligible for Medicaid in Idaho if you meet income and resource requirements and are:

- Aged 65 or older
- Child in a foster care home
- Child receiving adoption assistance
- Blind or disabled
- Pregnant women
- Child under age 18
- Qualified alien
- Receive aid to families with dependent children (AFDC)
- Receive Supplementary Security Income (SSI)
- Meet the other state eligibility criteria
- Member of family with dependent children

How Do I Find Out How to Apply for Medicaid?

Contact the Admissions Coordinator at 208-235-7838 or the Business Office within the Home at 208-235-7800, or contact Medicaid directly at 1-866-255-1190.

Medicare Informational Handout

Attached hereto this Handbook as Informational Handout- Medicare and by this reference incorporated herein. This is an informational list of services provided in the Home and the payment source for each. If you have questions about any of these services or who pays them, please contact the Home's Accountant at 208-235-7800 for clarification or further information.

Medicaid Informational Handout

Attached hereto this Handbook as Informational Handout- Medicaid and by this reference incorporated herein. This is an informational list of services provided in the Home and the payment source for each. If you have questions about any of these services or who pays them, please contact the Home's Accountant at 208-235-7800 for clarification or further information.

Private Pay Informational Handout

Attached hereto this Handbook as Informational Handout- Private Pay and by this reference incorporated herein. This is an informational list of services provided in the Home and the payment source for each. If you have questions about any of these services or who pays them, please contact the Home's Accountant at 208-235-7800 for clarification or further information.

Service Connected 70%-100% Informational Handout

Attached hereto this Handbook as Informational Handout- Service Connected 70%-100% and by this reference incorporated herein. In accordance with Public law 109-461 the Department of Veterans Affairs will pay the cost of care for certain veterans that reside in a state Veterans home. This is an informational list concerning eligibility, the services provided at the Home and the payment source for each. If you have questions about any of these services or who pays them, please contact the Home's Accountant at 208-235-7800 for clarification or further information.

NURSING CARE RESIDENT REQUIREMENTS

Resident Rule, Policies, and Procedures

The Home provides nursing care residents with housing, care, and the rights set forth in the Resident Bill of Rights Policy. In exchange, the Home requires that residents behave in accordance with the Rules found at IDAPA 21.01.01 and the policies, procedures, and any order or directive of the Home Administrator.

Attached hereto this Handbook as IDAPA 21.01.01 – Rules Governing Admission, Residency, and Maintenance Charges in Homes and Division of Veterans Services Administrative Procedure, and by this reference incorporated herein. Copies of the policies and procedures are identified throughout this

Handbook. The Social Services Department and the Home Administrator are available to answer any questions residents may have regarding the Rules, policies, or procedures.

A Resident's Bill of Rights

As a resident of the Home, residents have the right to a dignified existence, self-determination, and communication with and access to persons inside and outside the facility. The Home protects and promotes the rights of each resident, including each of the following:

A. Exercise of Rights

1. The resident has a right to exercise his or her rights as a resident of the facility and as a citizen or resident of the US.
2. The resident has a right to be free of interference, coercion, discrimination and reprisal from the facility management in exercising his or her rights
3. The resident has a right to freedom from chemical or physical restraint.
4. In the case of a resident determined incompetent under the laws of a state by a court of jurisdiction, the rights of the resident are exercised by the person appointed under the state law to act on the resident's behalf.
5. In the case of a resident who has not been adjudged incompetent by the state court, any legal surrogate designated in accordance with state law may exercise the resident's rights to the extent provided by the state law.

B. Notice of Rights and Services

1. The resident will be informed both orally and in writing (in a language that the resident understands) of his or her rights and all rules and regulations governing resident conduct and responsibilities during their stay in the facility. Such notification must be made prior to or upon admission.
2. The resident or legal representative has the right:
 - i. Upon an oral or written request, to access all records pertaining to the resident within 24 hours (excluding weekends and holidays).
 - ii. After receipt of records for inspection, to purchase after receipt at a cost not to exceed the community standard, photocopies of the records or any portion of them within 2 working days of advance notice to facility management.
3. The right to be fully informed in a language that he or she can understand of his or her total health status.
4. The resident has the right to refuse treatment and to refuse to be involved in experimental research.
5. The resident has the right to be informed at the time of admission and periodically during the resident's stay of services available in the facility and of charges for those services to be billed to the resident.
6. The resident has a right to be furnished with a written description of his/her legal rights to include:
 - i. A description of the manner of protecting personal funds
 - ii. A description of the requirements and procedures for establishing Medicaid eligibility including the right to request an eligibility assessment to determine the

- extent of the couple's non-exempt resources and establish the community spouse's equitable share of resources for their personal needs.
- iii. Residents will be informed of the items and resources covered by Medicaid for which they won't be charged. They will be informed of the items and services for which they may be charged and of the cost of those services. They will be informed of when charges are made for all of the above services.
 - iv. A posting of names, addresses, and telephone numbers of all state client advocacy groups such as the State Survey and Licensing Board, the State Ombudsman Program, and the Medicaid Fraud Control Unit.
 - v. A statement that the resident may file a complaint with any of the above advocacy groups regarding abuse, neglect, exploitation, and misappropriation of funds.
7. The right to be informed in advance, by the physician or other practitioner or professional, of the risks and benefits of proposed care, of treatment and treatment alternatives or treatment options and to choose the alternative or option he or she prefers.
 8. The resident or his/her representative if he/she is incapacitated has the right to receive written information about his or her health care including the right to formulate advanced directives, and the right to accept or refuse medical or surgical treatment. The facility can provide the resident or his/her representative with a written description of the facility policy to implement advanced directives.
 9. The resident has a right to be informed of the name and way of contacting the primary physician responsible for his or her care.
 10. The resident, legal representative, interested family member, and physician will be notified/ consulted regarding the following changes:
 - i. An accident involving the resident which results in injury and has the potential for requiring physician's intervention;
 - ii. A significant change in the resident's physical, mental, or psychosocial status;
 - iii. A need to alter treatment significantly;
 - iv. A decision to transfer or discharge the resident from the facility;
 - v. The facility management must also promptly notify the resident and/ or legal representative of a change in room or roommate assignment. (The facility should attempt to adapt room arrangements to accommodate resident's preferences, desires, and needs.)
 - vi. A change in resident rights under state or federal regulations. Receipt of such must be documented in writing.
 - vii. The facility must record and update the address and phone number of the resident's legal representative or interested family member.

C. Protection of Resident Funds:

1. The resident has the right to manage his or her financial affairs, and the facility management may not require residents to deposit their personal funds with the facility.
2. Upon written authorization of a resident, the facility management must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility.
3. The resident has a right to receive interest on all funds in excess of \$50 in the resident's trust account and will receive a quarterly accounting of the funds in his or her trust account. Upon the resident's death the trust account will have a final accounting of funds which will be

distributed to the individual or probate jurisdiction administering the resident's estate. The facility must purchase a surety bond or provide assurance of security of all personal funds deposited with the facility.

4. The resident has a right to receive a list of services not covered by Medicare/Medicaid or the facility, which will be billed to the resident.

D. Free Choice

1. The resident has the right to choose a personal attending physician.
2. The resident has the right to be fully informed in advance about care and treatment and of any changes in that care or treatment that may affect the resident's well-being.
3. The resident has the right, unless determined incompetent or otherwise determined to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment.

E. Privacy and Confidentiality

1. Residents have a right to personal privacy in their accommodations, medical treatment, written and telephone communications, personal care, visits, and meetings of family and resident groups.
2. Except in the case of transport to another health care facility or record release as required by law, the resident may approve or refuse the release of personal and clinical records to any individual outside the facility.

F. Grievances

1. The resident has the right to voice grievances without discrimination or reprisal. Residents may voice grievances with respect to treatment received and not received. Grievance forms are located outside the social workers office.
2. The resident has the right to prompt efforts by the facility to resolve grievances the resident may have, including those with respect to the behavior of other residents.

G. Examination of Survey Results

1. The resident has the right to examine the results of the most recent survey of the facility conducted by Federal, State or VA surveyors. The facility management must make the results available for examination in a place readily accessible to residents, and must post a notice of their availability.
2. The resident has the right to receive information from agencies acting as clinical advocates, and be afforded the opportunity to contact these agencies.

H. Work

1. The resident has the right to refuse to perform services for the facility.
2. The resident has the right to perform services for the facility, if he or she chooses when:
 - i. The facility has documented the need or desire for work in the plan of care;
 - ii. The care plan specifies the nature of the services performed and whether the services

- are voluntary or paid;
- iii. Compensation for paid services is at or above prevailing rates;
- iv. The resident agrees to the work arrangement in the plan of care.

I. Mail - The resident has the right to privacy in written communications, including the right to:

1. Send and promptly receive mail that is unopened, with the following exceptions:
 - a. With the resident's signed consent on the Financial Statement of Understanding the Home staff may open incoming mail relative to finance, appointments or miscellaneous information from the VA and/or Social Security offices for the duration of the resident's stay in Home. The resident has the right to revoke the consent at any time. Or,
 - b. The resident has requested the facility (Home Administrator) be payee representative/ financial fiduciary and has signed documentation reflecting this decision. Or
 - c. The resident requires assistance from Social Services and/or Activities with their mail.
2. Have access to stationary, postage, and writing implements at the resident's own expense. (See Mail section, page 6)

J. Access and Visitation Rights

1. The resident has the right to be visited by:
 - i. Any representative of the Under Secretary for Health;
 - ii. Any representative of the State;
 - iii. Physicians of the resident's choice;
 - iv. The State long-term care ombudsman;
 - v. Immediate family or other relatives of the resident subject to the resident's right to deny or withdraw consent at any time;
 - vi. Agency responsible for protection or advocacy for developmentally disabled or mentally ill individuals; and
 - vii. All who are visiting are subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time.
2. The facility management must provide reasonable access to any resident by any entity or individual that provides health, social, legal, or other services to the resident, subject to the resident's right to deny or withdraw consent at any time.
3. The facility management must allow representatives of the State Ombudsman Program to examine a resident's clinical records with the permission of the resident or the resident's legal representative, subject to State law.

K. Telephone

1. The resident has the right to reasonable access to use a telephone where calls can be made without being overheard.

L. Personal Property

1. The resident has the right to retain and use personal possessions, including furnishings, and appropriate clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.

M. Married Couples

1. The resident has the right to share a room with his or her spouse when married residents live in the same facility and both spouses consent to the arrangement.

N. Roommate

1. The resident has the right to share a room with his or her roommate of choice when practicable, when both residents live in the same facility and both residents consent to the arrangement.

O. Self-Administration of Drugs

1. The resident has the right to self-administer drugs if the interdisciplinary team has determined that this practice is safe.

P. Admission, Transfer and Discharge Rights

- 1) Transfer and discharge includes movement of a resident to a placement out of the facility. Transfer is defined as return anticipated. Discharge is defined as return not anticipated.
- 2) The resident has the right to refuse a facility initiated transfer or discharge unless:
 - a. transfer or discharge is necessary for the resident's welfare and the resident's needs cannot be met in the nursing home;
 - b. The transfer or discharge is appropriate because the resident's health has improved sufficiently so the resident no longer needs the services provided by the nursing home;
 - c. The safety of individuals in the facility is endangered;
The health of individuals in the facility would otherwise be endangered;
The resident has failed, after reasonable and appropriate notice to pay for a stay at the facility;
 - d. The nursing home ceases to operate.
 - e. The resident has a right to refuse transfer to another room in the facility.
- 3) Documentation – When a facility discharges or transfers a resident, the primary physician must document in the resident's chart.
- 4) Notice before transfer
 - a. For a resident who is being transferred, the facility must issue the resident or resident representative a written Notice of Transfer. This notice must include the reason(s) for the transfer in a language and manner they understand;
 - b. Record the reasons in the chart.
 - c. Scan copy of the Transfer of Notice into the chart then send original with resident or resident representative
 - d. Send a copy of the Transfer Notice to the Ombudsman
- 5) Notice before discharge
 - a. The notice must be made at least 30 days before transfer or discharge except when:
 - i. The safety of individuals in the facility would be endangered;
 - ii. The health of individuals in the facility would be otherwise endangered;
 - iii. The resident's health improves sufficiently so they no longer require services provided by the nursing home;

- iv. The resident's needs cannot be met in the nursing home.
- b. Contents of the notice – The written notice must include the following:
 - i. The reason for discharge;
 - ii. The effective date of discharge;
 - iii. The location to which the resident is discharged;
 - iv. A statement that the resident has the right to appeal the action to the State official designated by the State; and
 - v. The name, address, and telephone number of the State Long Term Care Ombudsman.
- 6) Orientation for transfer or discharge – A member of the facility management will provide sufficient preparation to ensure safe and orderly transfer or discharge from the facility.
- 7) Notice of bed-hold policy and readmission – Before a resident is transferred the facility management will provide written information regarding the length of the bed-hold policy during which the resident may return to the facility.
- 8) Permitting resident to return to facility – The facility must establish and follow a written policy under which a resident whose hospitalization or therapeutic leave exceeds the bed-hold period under the State plan, is readmitted to the facility immediately upon the first availability of a bed in a semi-private room if the resident:
 - a. Requires the services provided by the facility; and
 - b. Is eligible for Medicaid nursing facility services.
- 9) The facility management maintains identical policies regarding transfer and discharge and service provision to all individuals regardless of the payment source.
- 10) Admissions policy for payment – The facility must not require a third party to guarantee payment to the facility as a condition of admission; however, it may require an individual who has legal access to the resident's income to pay the facility from the resident's income or resources. The facility must not require residents to waive their right to Medicare or Medicaid. The facility will not discriminate against individuals entitled to Medicaid.

Q. Resident Behavior and Facility Practices.

- 1. The resident has the right to be free of any chemical or physical restraints imposed for restraint purposes of discipline or convenience and not required to treat the resident's medical symptoms.
 - i. A chemical restraint is the inappropriate use of psychotropic drugs to manage or control behavior.
 - ii. A physical restraint is any method of physically restraining a person's movement, physical activity, or access to his/her body.
- 2. The resident has the right to be free of physical, mental, sexual, verbal abuse or neglect, exploitation, corporal punishment, or involuntary seclusion.
 - i. Mental abuse includes humiliation, harassment, and threats of punishment or deprivation.
 - ii. Physical abuse includes hitting, slapping, pinching, or kicking.
 - iii. Sexual abuse includes sexual harassment, coercion, and assault.
 - iv. Neglect is any impaired quality of life because of the absence of minimal services or resources to meet basic needs (food, hydration, clothing, medical care and good hygiene).
 - v. Involuntary seclusion is separation from other residents or from the resident's room

- vi. Exploitation means taking advantage of a resident for personal gain through the use of manipulation, intimidation, threats, or coercion.
- 3. Staff treatment of Residents
 - i. The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, abuse, exploitation, and misappropriation of resident property.
 - ii. The facility management must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with Federal and State Law. The facility management must have evidence that all alleged violations are thoroughly investigated and must prevent further potential abuse.

R. Quality of Life

A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

1. Dignity

The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

2. Self-determination and participation

The resident has the right to:

- i. Choose activities, schedules, and health care consistent with his or her interests, assessments, and plans of care;
- ii. Interact with members of the community both inside and outside the facility; and
- iii. Make choices about aspects of his or her life in the facility that is significant to the resident.

3. Participation in resident and family groups.

- i. A resident has the right to organize and participate in resident groups in the facility;
- ii. A resident's family has the right to meet in the facility with the families of other residents in the facility;
- iii. The facility must provide a resident or family group, if one exists, with private space;
- iv. Staff or visitors may attend the meetings at the group's invitation;
- v. The facility must provide a designated staff person responsible for providing assistance and responding to written requests that result from group meetings;
- vi. When a resident or family group exists, the facility must listen to the views and act upon the grievances and recommendations of residents and families concerning proposed policy and operational decisions affecting resident care and life in the facility.

4. Participation in other activities.

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

5. Accommodation of needs.

A resident has the right to:

- i. Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered; and
- ii. Receive notice before the resident's room or roommate in the facility is changed.

Resident Responsibilities

It is the responsibility of the resident/responsible parties to:

1. Cooperate in the completion of all admission documents or to designate a person of his/her choice to receive such information and sign appropriately.
2. To provide the Home with any existing legal documents drafted prior to admission regarding: guardianship, health care directives, requests and power of attorney to manage finances, and copies of Medicare/secondary insurance cards.
3. To meet with the social worker in receiving information related to Advance Directives and to participate in a psychosocial history and assessment.
4. To provide complete and accurate information about present complaints; past illnesses and hospitalization; medications and other health matters to the best of his/her knowledge.
5. To report any unexpected changes in his/her condition to their physician, member of the Home's nursing staff, or their social worker.
6. To inform the Home of his/her wish for laundry service to be provided by family or by the facility.
7. To pay all fees and charges described in the admission agreement, in a timely manner, and to work cooperatively with the Business Office with regard to finances.
8. To be mindful and considerate of the rights of fellow residents.
9. To coordinate bed-hold arrangements (for medical and personal need) through the Social Services Department or the Business Office. When a hospitalization occurs, the patient and family will receive a written notice of the bed-hold policy and overall agreement should be made with the Social Services Department or Business Office within twenty four (24) hours or the first working day after the weekend.
10. To bring concerns and problems to the proper source.

Reasonable Suspicion of a Crime Against a Resident Nursing Procedure

Attached hereto this Handbook as Reasonable Suspicion of a Crime against a Resident, and by this reference incorporated herein.

Notice to Residents and Family Members regarding Abuse, Neglect, and Exploitation Policy

Long term care facilities nationwide are charged with the responsibility of making certain that all residents of those facilities are protected from all types of abuse or neglect. We at the Idaho Sate Veterans Home – Pocatello take this responsibility very seriously and make every effort to safeguard all residents from any situation that may be harmful. If at any time you have a concern about yourself or any other resident being abused, neglected, or exploited in any way, we ask that you report that concern to any staff member at the Home. They will in turn make certain the information is shared with the proper staff member who can

immediately take appropriate action. In making such a report, you can be assured you have no reason to be concerned about retribution and you can be assured that you or any subject of alleged abuse, neglect, or exploitation will be provided full and complete protection while any ensuing investigation takes place.

Our role is that of "trusted care giver" and we pledge to you that your safety and well-being are of primary concern. We will do everything within our power to insure that your stay with us is a safe and pleasant one.

Bed-Hold Policy

United States Department of Veterans Affairs (USDVA) and the policy of the Idaho State Veterans Home currently permits the payment of a per diem amount while holding a veteran resident's bed for up to 10 continuous days of any hospital stay, and for up to 12 days per year, in aggregate, for any therapeutic/voluntary leave, provided the facility is maintaining 90% occupancy.

However, USDVA policy does not permit the payment of a per diem amount while holding a non-veteran resident's bed. Recognizing that the Idaho State Veterans Homes contain both veteran and non-veteran residents, resident bed hold charges will be billed as follows:

THERAPY/VOLUNTARY LEAVE

If a resident has taken more than 12 days in a calendar year of therapeutic/voluntary leave; and the daily occupancy of the Home is equal to or greater than 90% the following applies:

1. Beginning with the 13th day through the 30th day of therapeutic/voluntary leave, the resident will be billed a daily bed-hold charge equal to the USDVA Per Diem rate in effect at that time.
2. Beginning on the 31st day of therapeutic/voluntary leave, the resident will be billed a daily bed-hold charge equal to the applicable facility's maximum daily rate in effect at that time.

HOSPITAL LEAVE

Residents will be billed for a bed-hold charge if the following conditions are met:

If a resident has incurred more than 10 days in a calendar year of hospital leave that is not eligible for USDVA per diem payments and the daily occupancy of the Home is equal to or greater than 90% the following applies:

1. Beginning with the 11th day through the 30th day of hospital leave, the resident will be billed a daily bed-hold charge equal to the USDVA per diem rate in effect at that time.
2. Beginning on the 31st day of hospital leave, the resident will be billed a daily bed-hold charge equal to the applicable facility's maximum daily rate in effect at that time.

There will be no bed hold available for residents whose care at the facility is being covered by Medicare or Medicaid at the time of hospitalization or therapeutic leave.

In accordance with State, Federal, and VA regulations, written notification of this policy will be provided to the resident/legal representative upon admission. Written notification will also be provided at the time the resident is immediately transferred or scheduled for hospitalization or therapeutic leave. To request a Bed Hold for a

leave of absence, please contact the Social Services Department. Overall agreements should be made with the Business Office or Social Services Department.

Passes and Leaves

Home residents may request passes or leaves from the facility. All passes and leaves must be approved in advance by the physician or their designee. For brief periods (up to 16 hours), resident must notify nursing staff prior to the planned outing (preferably the day before) so any needed medications can be prepared. As residents leave, please sign-out in the notebook at the nursing station, and sign-in when the resident returns.

Passes (up to 96 hours) may be granted if prior arrangements have been made. Leaves (for more than 96 hours) are unusual and require special exception by the Home Administrator. Social services will provide assistance with these requests.

Guest Visitation Policy

Visitors are welcome and encouraged at the Home. Residents should make every reasonable effort to ensure that the resident and his/ her visitors do not disturb other residents during visits. The canteen and the common areas around the nursing station are available for meeting with visitors. In addition, residents may use their rooms to meet with visitors if the meeting does not disturb the resident's roommate.

While the Home has no scheduled visiting hours, it is recommended that visiting hours are between 10:00 a.m. and 8:00 p.m.; however, guests, in particular family and clergy, will be accommodated at any time. Residents may not have overnight visitors unless prior authorization is received from the Home Administrator or his/her designee. If privacy is needed during any visits, please contact the licensed nurse or social worker located on the nursing unit.

Please consider some guidelines when visiting:

1. No alcohol.
2. Shirts and shoes must be worn.
3. Children should be attended by an adult other than a resident
4. Please knock on resident's door before entering
5. Be considerate of each resident's privacy and possessions
6. See charge nurse for any needed privacy or special needs.

Protocol for Overnight Guests in the Family Room

1. Only one living room in the facility will be available for guests on any given night.
2. We ask that no more than two guests stay in the family room at one time unless prior arrangements have been with the Administrator or Social Worker.
3. Advanced notification of room usage is required. Overnight stays will be limited to no more than three nights unless prior arrangements are made with the Administrator or the Social Worker.
4. Guest may eat with their loved ones in the canteen. Guests are not allowed in the dining room for meals.
5. The home has a canteen and vending machines available to all. Snacks may be purchased at a nominal fee.

6. Nursing staff does not dispense medications nor do they provide treatments of any kind to anyone other than our residents.
7. House-trained pets are allowed in the facility but are not allowed to stay overnight in the family room. Arrangements to keep pets outside or in an automobile are the responsibility of the family.
8. The family room is not cleaned on the weekends and will be the responsibility of the family, if staying more than one night.
9. Complimentary toiletries are placed in the family room or are available upon request. It is the responsibility of the family to purchase any additional items needed.
10. The building is locked at night. If you are arriving late, there is a doorbell/security camera located at the front entrance between the double doors.

Pet Therapy/Visitation Policy

Although residents are not allowed to have personal pets living in the facility, relatives and friends of residents are encouraged to bring a pet in to visit residents through the Home's pet visitation program.

Through this program, current pet vaccination records must be provided to the facility Activities Department prior to visitation, and all animals must be kept on a leash and under the control of the owner at all times.

In addition, the presence of pets shall not interfere with the health and rights of other individuals (i.e. noise, odor, allergies and interference with the free movement of individuals about the facility). Pets will not be allowed in food preparation or storage areas or any other area if their presence would pose a significant risk to residents, staff or visitors. More specifically, animals are not allowed in the kitchen and dining room.

Service Animals: In areas that are not used for food preparation, certified “service animals” that are controlled by a disabled employee or person may be allowed in the guest sitting/standing areas (i.e. dining and canteen areas), as long as a health or safety hazard will not result from the presences or activities of a “service animal.”

Any question or concerns related to this policy should be addressed with the Social Services Department.

Resident Fire, Safety, and Emergency Procedures

The Home is specially equipped for resident safety. It features modern equipment, including automatic fire doors, fire location indicator and sprinkler systems. There are exits at the ends of each nursing wing. Monthly fire drills are conducted and the employees are well trained to ensure resident safety.

Residents must comply with staff directives regarding emergencies and safety requirements. Emergencies include fire alarms and orders to evacuate the Home. Safety requirements include prohibitions on the use of heaters or cooking equipment in resident rooms. Residents must follow established fire and emergency procedures.

Combustible/Flammable Materials Policy

Residents are prohibited from storing flammable or combustible materials on Home grounds. Flammable or combustible materials include, but are not limited to, the following items: gasoline, any type of paint or thinner, pressurized aerosol cans containing flammable substances, or any other product where the original container warns that the contents are flammable or explosive. If you have any questions as to whether or not a product is combustible or flammable, check with the Maintenance Operations Supervisor or the Home's Administrator.

Appliances and Extension Cords

Due to fire and safety concerns, appliances that have motors or produce heat must not be used in resident rooms unless prior approval is received *in writing* from the Home Administrator. Extension cords, power strips, and outlet adapters are not allowed.

Smoking Policy

Due to fire and safety considerations, smoking is restricted to the designated smoking areas only. **Absolutely no smoking** is allowed in the residents' rooms or in toilet facilities. Some residents will be allowed to smoke only with supervision. Please do not give cigarettes, matches, or lighters to other residents.

Should you choose to quit smoking you have the option to request nicotine replacement therapy to treat nicotine withdrawal.

Advance Directive Information

It is the policy of the Home to inform and provide written information concerning the right to accept or refuse medical or surgical treatment and, at the individual's option, formulate an advance directive. Resident's will not be discriminated against nor will the provision of cares be conditioned on whether or not an advance directive has been executed.

Written information explaining advance directives and resident rights under State law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment, and the right to formulate advance directives is available to resident. Please contact the Social Services Department should you desire any assistance or additional information about advance directives and the right to accept or refuse medical or surgical treatment.

Medication Policy

Medications of any type, even non-prescription, cannot be kept in the possession of any resident either on their person or in their rooms unless approved by their physician and a self-administration assessment is completed that allows for self-administration. If a resident wishes to use a non-prescription medication, he/she can request the nursing staff to place it in the medication cart for safekeeping.

Influenza Vaccine

It is facility practice that all residents be offered the influenza vaccine annually. We recommend all residents receive the vaccine unless it is medically contraindicated due to allergy or other medical reason.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine. The information statement allows residents and/or their legal representative to be fully informed about risk and benefits of the vaccine.

The current VIS and consent form will be provided to the resident or their legal representative annually prior to the flu season. Consents must be signed and retained in the medical record before vaccine can be administered.

If residents or their legal representative have questions please contact the Home's Infection Preventionist at (208) 235-7843.

Pneumococcal Vaccine

It is facility practice that all residents be offered the pneumococcal vaccine on admit. We recommend all residents receive the pneumococcal vaccine, unless they have a documented vaccine received at age 65 years or older, or unless it is medically contraindicated due to allergy or other medical reason.

If the resident has a documented pneumococcal vaccine then a 2nd (booster) immunization is recommended 5 years following the initial vaccine. If the resident has already had 2 documented vaccines 5 years apart then no further vaccine is recommended.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine. The information statement allows residents and/or their legal representative to be fully informed about risk and benefits of the vaccine.

The current VIS and consent form will be provided to the resident or their legal representative on admit and prior to the 2nd vaccine. Consents must be signed and retained in the medical record before vaccine can be administered.

If residents or their legal representative have questions please contact the Infection Preventionist at (208) 235-7843.

Tetanus-Diphtheria-Pertussis (Tdap)

It is facility practice that all residents be offered the Tetanus, Diphtheria and Pertussis (Tdap) vaccine on admit. We recommend all residents receive the vaccine unless it is medically contraindicated due to allergy or other medical reason.

The facility practice is that residents and/or their legal representative receive the current CDC vaccine information statement (VIS) and consent to the vaccine prior to administration of vaccine.

The current VIS and consent form will be provided to the resident or their legal representative on admit. Consents must be signed and retained in the medical record before vaccine can be administered.

If the resident or their legal representative have questions, please contact the Infection Preventionist at (208) 235-7843.

Please see the vaccine information statements (VIS) for Influenza, Pneumococcal and Tdap vaccines:

Influenza Vaccine – Vaccine Information Statement

VACCINE INFORMATION STATEMENT

Influenza (Flu) Vaccine (Inactivated or Recombinant): *What you need to know*

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Influenza (“flu”) is a contagious disease that spreads around the United States every year, usually between October and May.

Flu is caused by influenza viruses, and is spread mainly by coughing, sneezing, and close contact.

Anyone can get flu. Flu strikes suddenly and can last several days. Symptoms vary by age, but can include:

- fever/chills
- sore throat
- muscle aches
- fatigue
- cough
- headache
- runny or stuffy nose

Flu can also lead to pneumonia and blood infections, and cause diarrhea and seizures in children. If you have a medical condition, such as heart or lung disease, flu can make it worse.

Flu is more dangerous for some people. Infants and young children, people 65 years of age and older, pregnant women, and people with certain health conditions or a weakened immune system are at greatest risk.

Each year **thousands of people in the United States die from flu**, and many more are hospitalized.

Flu vaccine can:

- keep you from getting flu,
- make flu less severe if you do get it, and
- keep you from spreading flu to your family and other people.

2 Inactivated and recombinant flu vaccines

A dose of flu vaccine is recommended every flu season. Children 6 months through 8 years of age may need two doses during the same flu season. Everyone else needs only one dose each flu season.

Some inactivated flu vaccines contain a very small amount of a mercury-based preservative called thimerosal. Studies have not shown thimerosal in vaccines to be harmful, but flu vaccines that do not contain thimerosal are available.

There is no live flu virus in flu shots. **They cannot cause the flu.**

There are many flu viruses, and they are always changing. Each year a new flu vaccine is made to protect against three or four viruses that are likely to cause disease in the upcoming flu season. But even when the vaccine doesn’t exactly match these viruses, it may still provide some protection.

Flu vaccine cannot prevent:

- flu that is caused by a virus not covered by the vaccine, or
- illnesses that look like flu but are not.

It takes about 2 weeks for protection to develop after vaccination, and protection lasts through the flu season.

3 Some people should not get this vaccine

Tell the person who is giving you the vaccine:

- **If you have any severe, life-threatening allergies.**

If you ever had a life-threatening allergic reaction after a dose of flu vaccine, or have a severe allergy to any part of this vaccine, you may be advised not to get vaccinated. Most, but not all, types of flu vaccine contain a small amount of egg protein.

- **If you ever had Guillain-Barré Syndrome (also called GBS).**

Some people with a history of GBS should not get this vaccine. This should be discussed with your doctor.

- **If you are not feeling well.**

It is usually okay to get flu vaccine when you have a mild illness, but you might be asked to come back when you feel better.



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4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Most people who get a flu shot do not have any problems with it.

Minor problems following a flu shot include:

- soreness, redness, or swelling where the shot was given
- hoarseness
- sore, red or itchy eyes
- cough
- fever
- aches
- headache
- itching
- fatigue

If these problems occur, they usually begin soon after the shot and last 1 or 2 days.

More serious problems following a flu shot can include the following:

- There may be a small increased risk of Guillain-Barré Syndrome (GBS) after inactivated flu vaccine. This risk has been estimated at 1 or 2 additional cases per million people vaccinated. This is much lower than the risk of severe complications from flu, which can be prevented by flu vaccine.
- Young children who get the flu shot along with pneumococcal vaccine (PCV13) and/or DTaP vaccine at the same time might be slightly more likely to have a seizure caused by fever. Ask your doctor for more information. Tell your doctor if a child who is getting flu vaccine has ever had a seizure.

Problems that could happen after any injected vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 and get the person to the nearest hospital. Otherwise, call your doctor.
- Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/flu

Vaccine Information Statement Inactivated Influenza Vaccine

08/07/2015

42 U.S.C. § 300aa-26



Pneumococcal Vaccine – Vaccine Information Statement (VIS)

VACCINE INFORMATION STATEMENT

Pneumococcal Polysaccharide Vaccine

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis
Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Vaccination can protect older adults (and some children and younger adults) from **pneumococcal disease**.

Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis). Meningitis can cause deafness and brain damage, and it can be fatal.

Anyone can get pneumococcal disease, but children under 2 years of age, people with certain medical conditions, adults over 65 years of age, and cigarette smokers are at the highest risk.

About 18,000 older adults die each year from pneumococcal disease in the United States.

Treatment of pneumococcal infections with penicillin and other drugs used to be more effective. But some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

2 Pneumococcal polysaccharide vaccine (PPSV23)

Pneumococcal polysaccharide vaccine (PPSV23) protects against 23 types of pneumococcal bacteria. It will not prevent all pneumococcal disease.

PPSV23 is recommended for:

- All adults 65 years of age and older,
- Anyone 2 through 64 years of age with certain long-term health problems,
- Anyone 2 through 64 years of age with a weakened immune system,
- Adults 19 through 64 years of age who smoke cigarettes or have asthma.

Most people need only one dose of PPSV. A second dose is recommended for certain high-risk groups. People 65 and older should get a dose even if they have gotten one or more doses of the vaccine before they turned 65.

Your healthcare provider can give you more information about these recommendations.

Most healthy adults develop protection within 2 to 3 weeks of getting the shot.

3 Some people should not get this vaccine

- Anyone who has had a life-threatening allergic reaction to PPSV should not get another dose.
- Anyone who has a severe allergy to any component of PPSV should not receive it. Tell your provider if you have any severe allergies.
- Anyone who is moderately or severely ill when the shot is scheduled may be asked to wait until they recover before getting the vaccine. Someone with a mild illness can usually be vaccinated.
- Children less than 2 years of age should not receive this vaccine.
- There is no evidence that PPSV is harmful to either a pregnant woman or to her fetus. However, as a precaution, women who need the vaccine should be vaccinated before becoming pregnant, if possible.



4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own, but serious reactions are also possible.

About half of people who get PPSV have mild side effects, such as redness or pain where the shot is given, which go away within about two days.

Less than 1 out of 100 people develop a fever, muscle aches, or more severe local reactions.

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a **severe allergic reaction** can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get to the nearest hospital. Otherwise, call your doctor.

Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
PPSV Vaccine

4/24/2015

Office Use Only



VACCINE INFORMATION STATEMENT

Pneumococcal Conjugate Vaccine (PCV13)

What You Need to Know

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Vaccination can protect both children and adults from pneumococcal disease.

Pneumococcal disease is caused by bacteria that can spread from person to person through close contact. It can cause ear infections, and it can also lead to more serious infections of the:

- Lungs (pneumonia),
- Blood (bacteremia), and
- Covering of the brain and spinal cord (meningitis).

Pneumococcal pneumonia is most common among adults. Pneumococcal meningitis can cause deafness and brain damage, and it kills about 1 child in 10 who get it.

Anyone can get pneumococcal disease, but children under 2 years of age and adults 65 years and older, people with certain medical conditions, and cigarette smokers are at the highest risk.

Before there was a vaccine, the United States saw:

- more than 700 cases of meningitis,
- about 13,000 blood infections,
- about 5 million ear infections, and
- about 200 deaths

in children under 5 each year from pneumococcal disease. Since vaccine became available, severe pneumococcal disease in these children has fallen by 88%.

About 18,000 older adults die of pneumococcal disease each year in the United States.

Treatment of pneumococcal infections with penicillin and other drugs is not as effective as it used to be, because some strains of the disease have become resistant to these drugs. This makes prevention of the disease, through vaccination, even more important.

2 PCV13 vaccine

Pneumococcal conjugate vaccine (called PCV13) protects against 13 types of pneumococcal bacteria.

PCV13 is routinely given to children at 2, 4, 6, and 12–15 months of age. It is also recommended for children and adults 2 to 64 years of age with certain health conditions, and for all adults 65 years of age and older. Your doctor can give you details.

3 Some people should not get this vaccine

Anyone who has ever had a life-threatening allergic reaction to a dose of this vaccine, to an earlier pneumococcal vaccine called PCV7, or to any vaccine containing diphtheria toxoid (for example, DTaP), should not get PCV13.

Anyone with a severe allergy to any component of PCV13 should not get the vaccine. *Tell your doctor if the person being vaccinated has any severe allergies.*

If the person scheduled for vaccination is not feeling well, your healthcare provider might decide to reschedule the shot on another day.

4 Risks of a vaccine reaction

With any medicine, including vaccines, there is a chance of reactions. These are usually mild and go away on their own, but serious reactions are also possible.

Problems reported following PCV13 varied by age and dose in the series. The most common problems reported among children were:

- About half became drowsy after the shot, had a temporary loss of appetite, or had redness or tenderness where the shot was given.
- About 1 out of 3 had swelling where the shot was given.
- About 1 out of 3 had a mild fever, and about 1 in 20 had a fever over 102.2°F.
- Up to about 8 out of 10 became fussy or irritable.

Adults have reported pain, redness, and swelling where the shot was given; also mild fever, fatigue, headache, chills, or muscle pain.

Young children who get PCV13 along with inactivated flu vaccine at the same time may be at increased risk for seizures caused by fever. Ask your doctor for more information.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some older children and adults get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at about 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very small chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious reaction?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.

Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness—usually within a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.

Reactions should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor should file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your healthcare provider. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement
PCV13 Vaccine

11/05/2015

42 U.S.C. § 300aa-26

Office Use Only



Tdap Vaccine – Vaccine Information Statement (VIS)

VACCINE INFORMATION STATEMENT

Tdap Vaccine

What You Need to Know

(Tetanus,
Diphtheria and
Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See www.immunize.org/vis

Hojas de información sobre vacunas están disponibles en español y en muchos otros idiomas. Visite www.immunize.org/vis

1 Why get vaccinated?

Tetanus, diphtheria and pertussis are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

TETANUS (Lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

DIPHTHERIA is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

PERTUSSIS (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus, were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during **every pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.
- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.
- Talk to your doctor if you:
 - have seizures or another nervous system problem,
 - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
 - ever had a condition called Guillain-Barré Syndrome (GBS),
 - aren't feeling well on the day the shot is scheduled.



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4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

Mild problems following Tdap (Did not interfere with activities)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

Moderate problems following Tdap (Interfered with activities, but did not require medical attention)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

Severe problems following Tdap (Unable to perform usual activities; required medical attention)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).

Problems that could happen after any vaccine:

- People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
- Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
- Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: www.cdc.gov/vaccinesafety/

5 What if there is a serious problem?

What should I look for?

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

What should I do?

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

VAERS does not give medical advice.

6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at www.hrsa.gov/vaccinecompensation. There is a time limit to file a claim for compensation.

7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
 - Call 1-800-232-4636 (1-800-CDC-INFO) or
 - Visit CDC's website at www.cdc.gov/vaccines

Vaccine Information Statement Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26



Notice of Privacy Practices

Attached hereto this Handbook as Notice of Privacy Practices and by this reference incorporated herein. This Notice describes how medical information about residents may be used and disclosed, as well as how residents can obtain access to their medical information. *Please review it carefully.*

Resident Transfer and Discharge

A resident can be transferred or discharged, for a period to be determined by the Home Administrator, for the basis set forth in Section 350 of IDAPA 21.01.01. The Home Administrator will provide notice of transfer or discharge and the opportunity to appeal a transfer or discharge in accordance with Section 980 of IDAPA 21.01.01.

The basis for discharge may include, but are not limited to, immediate discharge upon the determination by the Home Administrator that an emergency exists and discharge in accordance with the Rules for the following:

- Possession of wine, beer, liquor, or controlled substance without a valid prescription;
- Possession of a lethal weapon;
- Excessive or habitual intoxication;
- Disturbing the peace;
- Striking or threatening another person;
- Willful destruction or wrongful appropriation of state or another person's property;
- Commission of a felony;
- Abusive language or gestures or intentional assault or battery;
- Failure to comply with or persistent violations of the Rules or Policies;
- Refusal or failure to pay established charges;
- Any pattern of behavior that infringes upon the rights of another person; or
- Unauthorized absences from the Home.

IDAHO VETERANS CEMETERY INFORMATION

The eligibility requirements for burial at the Idaho State Veterans Cemetery mirror the National Veterans Cemetery eligibility requirements regarding veterans, spouses and eligible dependents. There is no requirement to be a resident of the state of Idaho. In summary:

1. Only veterans discharged from active duty under conditions other than dishonorable may be buried at the cemetery. There is no residency requirement for the Idaho State Veterans Cemetery.
2. A copy of a DD-214 (or other suitable honorable discharge paperwork may be accepted) must accompany the pre-registration or application for interment. If no military discharge documentation is available the family can request that paperwork directly from the Veterans Administration using VA form 180 "Request Pertaining to Military Records."

Please make sure that pre-registration and interment forms are filled out completely and include all supporting documentation.

3. If the veteran's spouse is to be buried at the Veterans Cemetery, a copy of the legal marriage

certificate must also accompany the pre-registration or interment form.

4. There is no choice of plots or specific location at the cemetery. Veterans and/or spouses can choose one of three types of interment for cremation. Choices for cremation include urn placement in the Columbaria Niche area, direct burial of the urn in the lower level of the cemetery by the Committal Shelter, and for families choosing to scatter the remains of an eligible veteran or spouse the cemetery offers a scattering garden in the upper location of the cemetery that overlooks a serene setting.
5. Casket burials are available on the lower and upper levels of the Cemetery. Casket burial in the upper section of the cemetery requires an additional fee for both veterans and spouses. This additional cost is for placement of the casket vault. Casket vaults are already placed throughout the lower section of the cemetery so no additional charges apply to those seeking a lower level interment.
6. The cost for interment of a veteran, spouse or eligible is \$745 per person on the lower level regardless of whether it is an in ground full casket burial or any of the three cremated interments. The VA provides a plot allowance of \$745, which does change annually on October 1st, for the veteran's interment only. Payment for non-veterans spouse is due at the date of interment.
7. The cost for interment on the upper level is \$745 plus an additional \$500 per person's interment (veteran, spouse or dependent) that covers the cost of interment site, opening, closing and the vault/liner. The VA provides \$745 of that cost for the veteran only. Payment for non-veteran spouse or dependent is due at the date of interment.
8. The cost for preparation of remains, casket, transportation, other ceremonies or cremation is not included in the cost of interment at the Idaho State Veterans Cemetery and must be paid for by the family to the contractor who provides these services.
9. A committal shelter is provided as there are no grave side services allowed. This shelter is allowed for the military honors or a short presentation to honor the veteran / spouse and that time is limited to 20 minutes.
11. Military Honors Ceremony must be applied for at the Veterans Cemetery a minimum of three (3) days in advance of committal. Honors for Veterans include TAPS, Flag fold and presentation. Veterans who retired from the service, or had 20 or more years of military service, or who died while on active duty may also receive a rifle salute.

Veterans are entitled to a plot allowance benefit. The Idaho State Veterans Cemetery does not collect this benefit from the family at the date of the veteran's interment. However, the full cost for a spouse of dependent interment will be collected on the date of interment. Because the costs for services at the Idaho State Veterans Cemetery are subject to annual changes by the Department of Veterans Affairs and the State of Idaho, it is recommended that you contact the cemetery staff for current rates and additional information.

For further information and application forms, please call the Idaho State Veterans Cemetery Office at (208) 780-1340; fax us at (208) 780-1341 or access the application online at <http://www.veterans.idaho.gov/cemetery>.

QUESTIONS AND CONCERNS

Questions and concerns regarding medical issues should first be brought to the Home's nursing staff. If these concerns are not fully addressed at this level, you may then speak to the Home's Director of Nursing Services, and then to the resident's primary physician. Financial questions should be brought to the front business office staff, then the Business Office Manager. The Home's Dietary Services Manager is available to address dietary questions. All other questions and concerns should be brought to the attention of the resident's Social Worker.

COMMUNITY RESOURCES

Agency on Aging
State Ombudsman Program
(Southeast district)
Adult Protection Services
214 E Center St # B
Pocatello, Idaho 83201
(208) 233-4032

State Survey & Certification Agency
Bureau of Facility Standards
3232 Elder Street
Pocatello, Idaho 83705
(208) 334-6626

Department of Health & Welfare
1090 Hiline Rd
Pocatello, Idaho 83201
(208) 235-2900

Idaho Commission on Aging
(208) 334-3833

National Alliance on Mental Illness
260 Skyline Dr.
Pocatello, Idaho 83204
(208) 232-5791

State Advocacy for Developmentally Disabled
Idaho Council on Developmental Disabilities
700 West State Street
Boise, Idaho 83702
(208) 334-2178

Co-Ad, Inc., Disability Rights in Idaho
845 W Center St # 107
Pocatello, ID 83204
(208) 232-0922

Idaho Care Line (community info/referral)
(800) 926-2588 or 211