

Mason County's

Oakview



MEDICAL CARE FACILITY

Providing compassionate
long term skilled nursing and
rehabilitative care to the
community since 1966...



Like Family

RESIDENT HANDBOOK

Version 4
September 26, 2023



TABLE OF CONTENTS

WELCOME	4
HISTORY OF OAKVIEW	4
MISSION STATEMENT.....	4
ACCESS TO RESIDENTS	5
ACCOUNT STATUS AND DELINQUENT ACCOUNTS.....	7
ACTIVITIES	7
Seasonal Activities	8
Outings.....	8
ACTIVITIES CALENDAR.....	8
ADVANCE DIRECTIVES.....	8
Code Status	8
Durable Power of Attorney	8
ALZHEIMER’S/DEMENTIA SPECIAL CARE UNIT	9
BEAUTY/BARBER SHOP	9
BED-HOLDS	10
BED-HOLD COSTS.....	10
BED RAILS	11
CALL LIGHTS	11
CARE CONFERENCES.....	11
CLOTHING	11
COMPLAINTS AND GRIEVANCES	11
DIETARY SERVICES AND DINING	13
Menus and Alternative Menus	13
Therapeutic Diets	13
Meal Times	13
Guest Meal Trays.....	13
Dining Assistance.....	13
Food Brought in for Residents	14
DISCHARGES	14
Discharges Against Medical Advice (AMA)	14
Facility-Initiated (Involuntary) Discharge	15

DONATIONS.....	15
ELECTRIC WHEELCHAIRS	15
GIFTS, GRATUITIES AND TIPPING	16
HEALTH CARE INSPECTIONS.....	16
HOSPICE.....	16
HOSPITALITY SUITE.....	16
HOUSEKEEPING	17
INFECTION PREVENTION AND CONTROL PROGRAM	17
COVID-19 Immunization	17
COVID-19 Mitigation.....	17
Influenza and Pneumococcal Immunization.....	17
LAUNDRY	18
LEAVING THE BUILDING.....	18
LIBRARY	18
LONG TERM CARE INSURANCE	18
MAINTENANCE AND REPAIRS.....	18
MEDICAID	18
MEDICARE ADVANTAGE.....	19
MEDICARE COINSURANCE	19
MEDICARE PART A	19
MEDICARE PART B	19
MEDICAL SERVICES/PHYSICIAN VISITS.....	20
MEDICATIONS	20
MENTAL HEALTH	20
NEWSLETTER	20
OMBUDSMAN	21
Local Ombudsman Services	21
When To Call An Ombudsman.....	21
PERSONAL BELONGINGS	22
PETS	22
PHYSICIAN APPOINTMENTS AND TRANSPORTATION.....	22
Scheduling.....	23
Appointment Packets	23

PRIVACY PRACTICES	23
PRIVATE PAY	23
REHABILITATION/THERAPY SERVICES	23
Occupational Therapy	24
Physical Therapy	24
Speech Therapy	24
REPORTING CORPORATE COMPLIANCE AND HIPAA CONCERNS.....	25
RESIDENT ABUSE	25
RESIDENT CARE BY NON-EMPLOYEES.....	26
RESIDENT COUNCIL	26
RESIDENT PERSONAL FUNDS	26
RESIDENT RESPONSIBILITIES	27
RESIDENT RIGHTS	28
SAFETY	28
SMOKING.....	28
SOCIAL SERVICES	28
TELEPHONES	28
VISITATION.....	29
Security	29
Sign In	29
Visitation Areas	29
VOTING.....	29
WAITING LIST	29
RESOURCE INFORMATION.....	31
Facility Numbers	31
Local Transportation	31
NOTES	32

WELCOME

The Mason County Health & Human Services Board, Administration, and facility staff welcome you to Oakview! We exist to care for those in need in our community and enrich the lives of those we serve. In keeping with our desire to treat all we encounter like family, we continually strive to maintain the highest ethical standards along with living our beliefs and values of compassion, excellence, and respect for all.

HISTORY OF OAKVIEW

Oakview Medical Care Facility was established in November 1966 as a county-owned and operated seventy-six bed non-profit skilled nursing facility, and is governed by the Mason County Health and Human Services Board. The facility underwent a major expansion and renovation 1998. In 2009, the addition of a twenty bed Alzheimer's/Dementia Special Care Unit was completed. Known as the Sutter Living Center, this Unit was named in honor of Dr. William F. Sutter who served as Oakview's Medical Director for over 25 years.

MISSION STATEMENT

Oakview Medical Care Facility provides a broad range of high quality, comprehensive, skilled long-term care services to the residents of Mason County. We promote, encourage and support each resident's individual dignity, privacy, rights and independence. We strive to create a home-like environment that preserves and upholds each resident's quality of life. We seek to maximize each resident's level of function, with the ultimate goal of enabling them to return home to their family and community. We strive to provide care that will meet or exceed state and federal health care standards.

ACCESS TO RESIDENTS

Residents have the right to receive visitors of their choosing at the time of their choosing subject to their right to deny visitation when applicable, and in a manner that does not impose on the rights of another resident. This includes but is not limited to a spouse (including a same-sex spouse), a domestic partner (including a same-sex domestic partner), another family member, or a friend. Residents also have the right to define their family.

Oakview will ensure all visitors enjoy full and equal visitation privileges consistent with resident preferences. We will not restrict, limit, or otherwise deny visitation privileges based on race, color, national origin, religion, sex, gender identity, sexual orientation or disability.

The facility must provide immediate access to any resident by the following representatives:

- Any representative of the Secretary of Health & Human Services;
- Any representative of the State;
- Any representative from the Office of the State Long Term Care Ombudsman (including access to examine a resident's medical social, and administrative records in accordance with State law);
- The resident's individual physician;
- Any representative of the protection and advocacy systems for the developmentally disabled or agency responsible for the protection of individuals with a mental disorder; and
- The resident representative.

We will also provide immediate access for immediate family, other resident relatives, or other resident visitors subject to the resident's right to deny or withdraw consent at any time.

- Residents have the right to define their family. During the admissions process, facility staff will discuss this issue with the resident. If the resident is unable to express or communicate whom they identify as family, facility staff will discuss this with the resident's representative.
- Resident's family members are not subject to visiting hour limitations or other restrictions not imposed by the resident, with the exception of reasonable clinical and safety restrictions, placed by the facility according to CDC guidelines, and/or local health department recommendations.

- If familial visits infringe upon the rights of other residents (e.g., family visits late at night when the resident’s roommate is already asleep), staff will find a location other than the resident’s room for visits.

Pre-authorized individual and organization contact with resident groups during such activities as a religious service, recreational activity, or council meetings are coordinated with and scheduled by the Directorates of Nursing, Social Services, Rehabilitation Services, or Therapeutic Recreational Services.

Reasonable clinical and safety restrictions that protect the health and security of all residents and staff may include but are not limited to:

- Placing visitation restrictions to prevent community-associated infection or communicable disease transmission to one or more residents. A resident risk factors for infection (e.g., immunocompromised) or current health state (e.g., end of life care) will be considered when restricting visitors.
- Visitors with signs and symptoms of transmissible infection (e.g., a visitor is feverish and exhibiting signs and symptoms of an influenza-like illness) will be asked to defer visitation until they are no longer potentially infectious (e.g., 24 hours after resolution outbreak of fever without antipyretic medication), or according to CMS or CDC guidelines, and/or local health department recommendations.
- Keeping the facility locked at night with a system in place for allowing visitors approved by the resident;
- Denying access or providing limited and supervised access to a visitor if that individual has been alleged to be abusing, exploiting, or coercing a resident until an investigation into the allegation has been completed or has been found to be abusing, exploiting, or coercing a resident;
- Denying access to a visitor who has been found to have been committing criminal acts such as theft;
- Denying access to visitors who are inebriated and disruptive;
- Denying access or providing supervised visitation to individuals who have a history of bringing illegal substances into the facility which places resident’s health and safety at risk.
 - If the facility determines illegal substances have been brought into the facility by a visitor, the facility will not act as an arm of law enforcement. Rather, in accordance with state laws, these cases will be referred to local law enforcement.

- Facility staff will not conduct searches of a resident or their personal belongings, unless the resident or resident representative agrees to a voluntary search and understands the reason for the search.
- Establishing reasonable visitation hours to facilitate care giving for the resident or to protect the privacy of other residents, such as requiring that visits not take place in the resident's room if the roommate is asleep or receiving care;
- Changing the location of visits to assist care giving or protect the privacy of other residents if these visitation rights infringe upon the rights of other residents in the facility.

Finally, threatening behavior and solicitation are prohibited.

- No persons may enter the premises for the purpose of engaging in an activity that would cause a reasonable person to feel or causes a facility employee, resident or visitor to be terrorized, frightened, intimidated, threatened, harassed, or molested.
- All forms of solicitation and distribution of materials to facility residents is prohibited, except by a resident's family member, friend, physician, clergy, legal representative, or other personal/business associate. Distribution of written materials, such as but not limited to, activities, health, and social services information is permitted by members of facility staff.

ACCOUNT STATUS AND DELINQUENT ACCOUNTS

The Business Office staff will discuss the status of a resident's account with the resident or their financially responsible party. Residents are billed on a monthly basis with payment in full due by the 10th of the month. For specific billing questions, please contact Financial Services at 231.845.5185, ext. 222 or ext. 223.

Any unpaid accounts of 30 or more days are reviewed by the Administrator and Oakview Board. The Board will determine the proper course of action for each delinquent account including the possibility of an involuntary discharge.

ACTIVITIES

Recreational Therapy Activities are offered to Oakview residents seven days a week throughout the year. Both large and small group activities are offered to residents depending on their individual needs and interests. Activities are supervised by Recreational Therapy staff or volunteers and are designed to meet residents' social, cognitive, and spiritual needs. A computer is available in the Main Activity Room as well as the Sutter Living Center Activity Room for resident use.

Seasonal Activities

Special events are planned throughout the year and families are encouraged to attend these events with their loved ones. The patio and courtyard areas are available in the summer for small out-of-door gatherings.

Outings

Resident outings are encouraged. Scheduled outings are planned by the activity staff. Space is limited and residents can sign up in the activity room. Physician orders need to be obtained before a resident can leave the building.

ACTIVITIES CALENDAR

Activity calendars are prepared monthly and available for residents, staff, and families on the first day of each month. For Oakview's general population, activity calendars are posted in each resident's room, on the large board by the Main Dining Room, and daily activities are posted by the nursing station. For the Sutter Living Center, activity calendars are posted in resident's rooms and daily activities are posted next to the Director of Therapeutic and Recreational Services office, Rm SL 115. In the unlikely event that an activity listed on the calendar is cancelled or times are changed, the information will be posted as soon as possible. An individual large print calendar is available for those residents or families who request it from the Director of Therapeutic and Recreational Services.

ADVANCE DIRECTIVES

An Advance Directive is a written document prepared by a competent individual who has made his or her wishes known regarding medical treatment decisions. An important part of this document is the appointment of an attorney for health care decisions. This person is also known as a patient advocate. A resident should choose a representative who will honor his or her wishes. Additional information may be obtained from Social Services.

Code Status

Often we hear the terms "Full Code" or "No Code". Full Code includes but is not limited to CPR, suctioning of respiratory secretions, IV therapy, feeding tube, pain control and emergency transfer to a hospital. No Code means do not resuscitate, do not provide CPR, provide supportive care only and keep comfortable. In the event that the heart and breathing should stop no attempt shall be made to resuscitate the resident.

Durable Power of Attorney

A durable power of attorney for health care, also known as a patient advocate or health care proxy, is a document in which one gives another person the power to

make medical treatment decisions. It is important to have your advance directives written in order for this person to know your wishes.

ALZHEIMER'S/DEMENTIA SPECIAL CARE UNIT

The Sutter Living Center is a 20-bed self-contained special needs unit within Oakview. It was created to be a temporary home for those with stage four through mid-stage six Alzheimer's disease and related dementias. To be eligible for care, residents must:

- Have an irreversible diagnosis of dementia or Alzheimer's disease as their primary diagnosis
- Require long-term nursing care
- Be independently mobile and able to participate in activities
- Be able to eat on his or her own
- Be able to assist with own personal care

Transition out of the special needs unit into the skilled nursing unit will be recommended when a resident's dementia has progressed to an advanced stage and one or more of the follow occurs:

- Has become bedridden
- Is unable to eat on his or her own
- Is unable to participate in activities
- Develops medical needs that exceed the level of care offered

Sutter Living Center strives to provide the highest level of care and services; activities to nurture the body, mind and spirit; delicious, nourishing meals; warm, inviting accommodations; and an extended family of dedicated friends and caregivers.

For information about the Sutter Living Center please contact the Unit Manager at extension 261.

BEAUTY/BARBER SHOP

Residents or their families can arrange to have hair services for residents by contacting the activities department or the nurse's station. A current list of Oakview approved beauticians and barbers and their fees for different services are posted on the wall in the shop and subject to change. Prior to service, payment arrangements must be set up with the Business Office at 231.845.5185, ext. 221.

BED-HOLDS

A “bed-hold” is when we hold or reserve a resident’s bed while they are away for a therapeutic leave or hospitalization with the expectation of return to the facility. If you are sent emergently to the hospital, the facility must readmit you to the next available bed unless your health changes in a way that you no longer meet the requirements for admission to a nursing home.

If you wish to return to the same bed you occupied before hospitalization or therapeutic leave, you may do so. This is called a “reserve bed payment”. If you choose to pay money to hold your bed, the facility must hold the same bed for you until one of the following occurs:

- You return to the facility;
- You indicate that you no longer wish to hold the bed;
- It is clear that you are not able to or do not intend to return to the facility.

If you choose not to pay to hold your bed, you will be eligible for readmission to the first available bed if you continue to meet the facility’s admission criteria.

Residents or their representative will be presented with a Bed-Hold Notice-FAQs document and Bed-Hold Request/Release form upon transfer to the hospital or temporary therapeutic leave from the facility.

In the event of an emergency hospitalization, a facility representative will contact the resident or their representative within 24 hours of the transfer (or the next business day if a weekend or holiday) to ensure understanding of the bed-hold information.

BED-HOLD COSTS

If you choose to reserve your current bed, you will be billed at the daily private rate.

Medicare does not pay for holding a bed in a resident’s absence.

When Medicaid is a resident’s primary payer, Medicaid will pay to hold a bed for up to 10 days for emergency hospitalization or treatment as long as there is a reasonable expectation by the attending physician that you will return within the 10-day period and the facility is a 98% occupancy at the time of transfer. Medicaid will not pay for the bed hold days if the stay exceeds 10 days. If the facility is under 98% occupancy at the time of transfer, the bed-hold and reserve bed payment becomes the responsibility of the resident or representative.

Medicaid does make allowances for non-medical, therapeutic reasons as approved by a physician for up to 18 days during a 365-day period.

Questions about the facility’s bed hold policy can be directed to the Admissions Office.

BED RAILS

Nursing Homes are required to inform residents and/or their representatives of their right to request the use of bed rails. We are also required to assess for the need, as well as relevant risks and benefits, and attempt alternatives prior to use. Additionally, a physician must provide a written order. If interested in using bed rails, we encourage you to talk to your healthcare team to determine whether they are indicated. We will provide information on the typical risks and benefits and obtain a signed consent.

CALL LIGHTS

In order for staff to attend to the residents' needs, each resident is given their own personal call light button. Adaptive call light buttons are available for those residents with special needs. Call lights are answered through an alert system at the nursing station.

CARE CONFERENCES

We support each resident's right to be informed of and participate in the development and implementation of their person-centered care plan. We encourage you to participate in the planning process, establishing expected goals and outcomes of care. The facility will honor the resident's choice in individuals to include in the process.

Care conferences are scheduled regularly in 15-minute increments with the initial conference within 21 days of admission and then quarterly. A letter of invitation will be sent to the resident or their responsible party prior to scheduled conferences indicating the time and location of the meeting. Questions regarding care conferences may be directed to a member of our Social Services staff. If you have an urgent need or concern, please direct those to the Charge Nurse.

CLOTHING

Resident's personal clothing is encouraged as space permits. When bringing clothing into the facility, please present all clothing to the nursing staff. We will photograph and label it to help ensure it is properly returned after laundering.

COMPLAINTS AND GRIEVANCES

We are committed to providing the highest quality of care to residents in our facility and we want you to feel safe in our homelike environment. In order for us to assist you, please follow the procedure identified below if you have any concerns about your care, your belongings, treatment by staff, or anything else related to your stay here.

A “**complaint**” is a concern that is verbally communicated to a staff member the can be resolved promptly on the spot by staff. You are encouraged to communicate complaints or concerns to our staff and/or Administration. Directors, Nursing Supervisors, and Social Work staff are good sources for immediate resolution.

A “**grievance**” is a formal or informal written or verbal complaint made by a resident or their representative when an issue cannot be resolved promptly by staff present.

Step 1: Go to the Nurses Station and tell the on-duty Charge Nurse of your concerns. A Charge Nurse is available 24 hours a day, 7 days a week.

Step 2: If you are not satisfied with the response, complete our “*Resident Grievance Report*” (OMCF Form 1-55). Let us know if you need help with completing the form.

Step 3: Submit the form to the on-duty Charge Nurse. The Charge Nurse will make sure that the facility’s Grievance Official / Director of Nursing is informed of your complaint.

Step 4: If you’re not satisfied with the response from the Grievance Official / Director of Nursing, please make an appointment with the Administrator to review the investigation findings.

Step 5: If you’re not satisfied with the Administrator’s response, you may contact Michigan Department of Licensing and Regulatory Affairs, Bureau of Community & Health Systems – Health Facility Complaints at 1.800.882.6006 to file a formal complaint; or the State Ombudsman at 1.866.485.9393 for assistance at any time.

We want you to know:

- We will keep your request as confidential as possible.
- Our timeframes for investigating your concerns are:
 - Immediately (not later than 24 hours) for abuse, neglect or misappropriation.
 - As soon as possible, but within 5 days for anything that has caused actual harm.
 - As soon as possible but within 15 days for any other concern.
- We will give you a written response as soon as possible, but no later than 30 days after we receive your request.
- We will follow-up to ensure your concern has been addressed satisfactorily and use the findings of our investigation as part of our Quality Improvement Program, again keeping your name confidential, if possible.

DIETARY SERVICES AND DINING

All meals are planned by a licensed Dietitian with the need and food preference of our residents in mind. Oakview has a main residents' dining room and an adjunct dining room in the main building, as well as a dining room in the Sutter Living Center. All residents are welcome and encouraged to eat in the dining rooms.

Menus and Alternative Menus

Oakview serves a regular menu and nourishing snacks catering to the individual resident's food and beverage preferences as much as possible. We also offer an alternate menu at lunch and supper which the resident can choose from. We have 2 cycles of menus with 5 weeks each for Fall/Winter and Spring/Summer. Special holiday meals are prepared and served to help make the holiday a special occasion. We encourage resident participation with ideas and requests for items not routinely served to provide them with alternatives to routine menu choices.

Therapeutic Diets

Therapeutic Diets are served as ordered by the physician and individualized as able in an effort to provide residents with food and beverage preferences to reflect their past eating patterns.

Meal Times

	<u>Main Dining Room</u>	<u>Sutter Living Center Dining Room</u>
Breakfast	7:15 am	7:30 am
Lunch	12:00 pm	12:30 pm
Supper	5:15 pm	5:30 pm

Guest Meal Trays

Guests are welcome to join residents at mealtime. Guest meal trays are available with 30 minutes notice prior to meal times noted above and are to be arranged through the nursing station. There is a set fee for a guest meal tray and can be paid for at the Business Office. Guest trays are limited to no more than 4 guest trays per meal per resident. Holiday meal tray arrangements will be posted separately.

Dining Assistance

Under federal and state nursing home regulations, residents are only to be fed by a Nurse or Certified Nurse Assistant (CNA). The only exception to this is an individual who successfully completes a State-approved training program for Paid Feeding Assistants, or "Dining Assistants", and who provides assistance while under the supervision of a nurse. One benefit of having paid dining assistants is that there are more hands to help residents with their meals so that meals are completed in a timely manner.

In addition to the Dining Assistant's qualifications, the resident must also be determined to be eligible and provide consent for such assistance. Eligible residents are those who are independent in eating or have some minimal dependence such as cueing or partial assistance, but do not have complicated feeding problems.

Based on the Charge Nurse's assessment and review of the most recent plan of care, residents may qualify to be assisted by a Dining Assistant. If you are interested in dining assistance by these trained individuals, have questions, or would like more information about this program, please contact the Director of Nursing at 845.5185, ext. 225.

Food Brought in for Residents

In the event that food is brought in for residents, please comply with the following:

- Take any food item brought in for a resident to the nursing station to be inspected, labeled, and dated.
- It is encouraged to bring in only single serving portions in disposable containers.
- Food that requires refrigeration will be stored in a pantry refrigerator or freezer.
- Food that does not require refrigeration can be kept in a pantry or in a resident's room in a lock tight container.

Please be aware that residents may be on special diets and/or altered consistencies. Check with the charge nurse if assistance is needed in this area.

DISCHARGES

Discharge planning is initiated upon admission to Oakview. Our goal is to rehabilitate our residents, thereby assisting them to attain their highest practicable level of functioning in order to discharge them to a lesser care setting. A full assessment is done by the interdisciplinary team in order to ensure a comprehensive plan of care. Once the resident has reached his or her goals and is able to return home or to a supervised setting, the plans are finalized. Social Services staff assist with coordinating community services.

Discharges Against Medical Advice (AMA)

In the event a resident or their representative wishes to discharge from the facility against medical advice, we will attempt to provide information of the risks involved, the benefits of staying at the facility, and alternatives to both. The resident's physician will also be notified and encouraged to speak with the resident. We will request that a facility AMA Release form be completed to document the resident's certification that they are voluntarily leaving against the

advice of their physician. We may notify Adult Protection Services or other entity as appropriate if self-neglect is suspected.

Facility-Initiated (Involuntary) Discharge

An “involuntary discharge” occurs when a resident is required to leave the nursing home and is not allowed to return. State and federal law protect residents from involuntary discharges except in limited circumstances as follows:

- The resident’s needs cannot be met in the nursing home.
- The resident no longer needs nursing home care.
- The safety or health of individuals in the nursing home are endangered.
- The resident has failed after reasonable notice to pay nursing home charges or have these charges paid by Medicare, Medicaid, or other insurance. A resident cannot be discharged if a Medicaid application is pending, Medicaid eligibility is being appealed, or a request for other insurance coverage of the nursing home stay is pending.
- The nursing home closes.

Such discharges will be completed in accordance with applicable laws. We will provide proper and timely written notice to a resident who will be discharged as required by regulations and laws. Before a resident can be discharged, the facility must submit a written discharge plan to the State and the State must approve the plan. A resident has the right to appeal the discharge by requesting a hearing and may stay in the facility while the appeal is pending. Questions about involuntary discharges may be made to a member of the Social Services staff, and a copy of the facility’s Transfer & Discharge policy are available on request.

DONATIONS

Oakview accepts monetary donations. Donations may be made for a specific purpose or general in nature. Donation funds are not commingled with Facility operational fund accounts.

ELECTRIC WHEELCHAIRS

Oakview policy states that prior to independent use of a motorized conveyance on Oakview property the resident and/or legally empowered representative must participate in the following:

- An evaluation for safe and appropriate driving ability by a qualified rehabilitation professional.
- Receive approval from an interdisciplinary team for independent use.

- Review the facility policy and rules regarding motorized conveyances and sign an Agreement of Compliance. Should the resident and/or legally empowered representative refuse to sign this form the resident will NOT be permitted to utilize the motorized conveyance on facility property.

Oakview reserves the right to revoke a resident's motor conveyance driving privileges on facility property. The decision will be made by an interdisciplinary team in order to maintain the safety for all residents, staff, visitors and property. Written notification of this decision will be provided to the resident and/or legally empowered representative.

GIFTS, GRATUITIES AND TIPPING

It is the duty for all employees to provide services and assistance to residents. Gifts gratuities, and/or tips are not permitted.

HEALTH CARE INSPECTIONS

Representatives of the Michigan Department of Licensing and Regulatory Affairs conduct health care inspections at Oakview. Federal and State laws, rules and regulations have very strict parameters that must be met in order for the Facility to provide licensed nursing home care for its residents. All inspections are "no notice". Oakview must be administered a certification or licensure inspection on a nearly annual basis. By law, the results of all health care inspection reports must be available for public view. Oakview's health care inspection reports are available in the front lobby and also on the administrative bulletin board across from the Oak Board Room.

HOSPICE

Residents may elect a Hospice benefit. This benefit covers costs of Hospice Care only. Additionally, the costs of medication, supplies, and equipment related to the terminal illness are covered. There may be a deductible, co-pays, or additional charges to the resident for Hospice care, depending on the residents pay source. Oakview's daily rate for room & board is not covered by Hospice. It is covered by either Private Pay or Medicaid.

HOSPITALITY SUITE

A Hospitality Suite is offered to the resident's family to provide a quiet place to stay while comforting their loved one during his or her final hours of life. The suite is equipped to meet both resident and family needs. The facility provides around the clock amenities to enable the family to stay beside their loved one. The nursing staff will inquire if the family of a resident would like to use the Suite. A *Hospitality Suite Use* form is available for families wishing to use this service.

HOUSEKEEPING

Each resident room is cleaned once per day by the housekeeping staff. The housekeeping staff normally work from 6:30 am through 3:00 pm. Bedframes are washed quarterly or upon a resident's discharge. Wheelchairs are washed bimonthly, or more frequently as needed.

INFECTION PREVENTION AND CONTROL PROGRAM

Oakview maintains an Infection Prevention & Control Program to provide a safe, sanitary environment to help prevent the development and transmission of communicable diseases and infections as per accepted national standards and guidelines. Our Infection Preventionist oversees this program.

COVID-19 Immunization

Residents will be offered COVID-19 vaccines when supplies are available to the facility. We will screen for prior immunization, medical precautions and contraindications to determine appropriate candidacy. Education will be provided regarding the benefits and potential side effects prior to administration. We will honor the resident's right to decline the immunization.

COVID-19 Mitigation

Oakview has implemented mitigating actions to prevent or reduce the risk of COVID-19 transmission including but not limited to those listed below. Please observe signs posted in the facility to inform you if facility operations have been altered, such as masking requirements in the event of an outbreak.

- We stay informed about our local COVID-19 situation.
- We have well-established relationships with key healthcare partners in our community.
- We follow CMS and CDC guidelines for prevention, response, and reporting.
- Staff who are ill are required to stay home until they can safely return to work based on CDC guidelines.
- We provide education and updates to our staff.
- We monitor Personal Protective Equipment inventory to ensure sufficient supplies.

Influenza and Pneumococcal Immunization

Residents will be offered the influenza vaccine seasonally and pneumococcal vaccines upon admission as recommended by the CDC. Education will be provided regarding the benefits and potential side effects. We will honor the resident's right to refuse the immunizations.

LAUNDRY

The laundry staff works Monday - Friday from 6:30 am through 3:00 pm. They wash all facility linen and a resident's linen if desired. Oakview does not charge a resident for the laundering of their personal items. A resident's clean personal laundry is delivered to their room daily Monday – Friday.

Some families choose to take their resident's laundry home for washing. In those cases, we ask that a basket is provided for storage of dirty laundry and that the nursing station be notified so signage may be posted in the resident's room.

LEAVING THE BUILDING

A physician order is needed for a resident to leave the facility. Health status will be considered with each outing. Residents and families are reminded to both sign out at the nursing station when they leave the facility and to also sign in upon their return. Please note that staff cannot assist residents into a personal vehicle if they require a lift for transfers and Dial-A-Ride is recommended in these circumstances.

LIBRARY

The Resident Library contains a number of periodicals, books, and other nostalgic treasures of interest to our resident population. These materials are updated regularly. The Library is never closed and residents may take reading materials to their room. We do, however, request that items be returned when residents are finished as others may be waiting to use these items. There is also a phone located in the Resident Library for private use.

LONG TERM CARE INSURANCE

This type of private insurance may help pay for long term care. Policies can vary widely. If the resident has long-term care insurance, they should contact their insurance company to find out their specific coverage. The Business Office will assist in filing claims.

MAINTENANCE AND REPAIRS

The maintenance staff work Monday – Friday from 6:00 am through 4:30 pm. They are also available after-hours for emergency repairs. The maintenance staff must perform a safety inspection of all personal equipment brought to the Facility for a resident's use. The Facility is not responsible for repairing or maintaining a resident's personal property.

MEDICAID

Medicaid is a health care program provided through the Michigan Department of Health and Human Services (MDHHS). A resident must be financially eligible for

Medicaid. A monthly Patient Pay Amount could be established. For nursing facility care, a resident must also meet Medicaid's medical requirement as determined through the Nursing Facility Level of Care Determination (LOCD). If unable to pay as a private pay resident, it is advisable that you immediately apply for the Medical Assistance Program at the Mason County Department of Health & Human Services. Contact Financial Services at 231.845.5185, ext. 222 for more information on completing a Medicaid application.

MEDICARE ADVANTAGE

Medicare Advantage is a Medicare-approved plan from a private company that offers an alternative to Original Medicare for your health and drug coverage. These "bundled" plans include Part A, Part B, and usually Part D. In most cases, you can only use doctors who are in the plan's network. In many cases, you may need to get pre-approval from your plan before it covers certain drugs or services.

MEDICARE COINSURANCE

During the Medicare stay, a daily co-insurance will apply for days 21-100. The current daily coinsurance rate is determined by the Centers for Medicaid and Medicare Services. The resident's supplemental insurance coverage will be verified but does not guarantee payment.

MEDICARE PART A

Medicare A covers semi-private rooms, meals, skilled nursing and therapy services, as well as other medically necessary services and supplies in a skilled nursing facility. Medicare only covers these services after a 3-day minimum medically necessary inpatient hospital stay (not including the day you leave the hospital) for an illness or injury related to the hospital stay. Check with your plan.

To qualify for skilled nursing facility care, your doctor must certify that you need daily skilled care (like intravenous fluids/medications or physical therapy) which, as a practical matter, you can only get as a skilled nursing facility inpatient.

If you qualify, you pay nothing for the first 20 days of each benefit period. (Note, if you're in a Medicare Advantage Plan, you may be charged copayments during the first 20 days). You will then pay a coinsurance amount per day for days 21-100 of each benefit period, and all costs for each day after day 100 in a benefit period.

MEDICARE PART B

Medicare Part B helps cover medically necessary services from doctors and other health care providers, outpatient care, home health care, durable medical equipment and some preventive services.

MEDICAL SERVICES/PHYSICIAN VISITS

The facility Medical Director plays an active role at Oakview and is an advisor to the nursing staff. Our nursing staff consists of Michigan licensed registered nurses, practical nurses, and certified nurse aides. Residents may select their own primary physician to provide care for them while they are here in the facility. However, physicians not affiliated with the facility's contracted physician services group wishing to treat residents in our facility must apply and be granted appropriate clinical practice privileges to ensure they meet the licensing and regulatory requirements for providing care in this facility.

In order to meet the medical needs of our residents, primary physicians are mandated to visit a resident at least once every thirty days for the first ninety days after admission of that resident, and at least once every 30 to 60 days thereafter. Our nursing staff informs the physicians of any pending problems with their residents on a daily basis.

MEDICATIONS

Our pharmacy services provide all resident medications which are obtained through a physician's order. Our trained staff of registered and licensed practical nurses are trained in medication administration. Self-administration medication programs can be initiated as determined appropriate by the interdisciplinary team. If you wish to use additional items like creams or supplements, these must first be approved by the physician, and you may ask a nurse for assistance with this.

MENTAL HEALTH

A resident's emotional well-being is a very important part of his or her daily life. Everyone needs some help from time-to-time in coping with limitations. The staff in Social Services strives to provide the comfort and direction one may need, given their circumstances. Professional social workers are available and aware of the multiple problems a resident experiences over the course of a stay in a medical care facility. If a resident should need specialized services, these are also available through the Mental Health System. Social Work staff will assist in coordinating these services.

NEWSLETTER

"The Oakleaf" is the monthly newsletter generated by the Recreational Therapy Department for residents and families. Special events are announced in the newsletter as well as informational articles from the various departments at Oakview. Residents or families wishing to insert information or articles in the newsletter are encouraged to submit them to the Director of Therapeutic and Recreational Services. "The Oakleaf" is distributed on the first of the month to each resident and also mailed to the resident's representative.

OMBUDSMAN

The Michigan Long-Term Care Ombudsman Program (MLTCOP) was created to help address the quality of care and quality of life experience by residents who reside in licensed long-term care facilities such as nursing homes, homes for the aged and adult foster care facilities. The Program strives to improve the long-term care system, representing the interests of long-term care residents and monitoring the development of federal, state, and local laws, regulations and policies. The Ombudsman Program is authorized in the Older Americans Act and the Older Michiganian's Act. Ombudsman information obtained from the Michigan Long Term Care Ombudsman Program at mltcop.org.

Local Ombudsman Services

Local Ombudsman works with individual residents to resolve problems and promote high quality care. They provide a community presence by routinely visiting residents of long-term care facilities. Local Ombudsmen are skilled in providing the following:

- Explaining residents' rights;
- Empowering residents to communicate their concerns individually or collectively;
- Assisting in the resolution of resident concerns;
- Promoting community education and awareness regarding long term care issues;
- Promoting the use of best practices; and
- Seeking solutions to identified problems within the long-term care system.

When To Call An Ombudsman

Call an Ombudsman in the following circumstances:

- When you have unresolved questions or concerns about care in a facility;
- When you have questions about your rights in a long-term care facility;
- When you have questions on alternatives to nursing home care;
- When you want to learn more about best practices and creative solutions to problems in long term care settings;
- When you are shopping for long term care services;
- When you have questions or need technical expertise on long term care issues;
- When you want to schedule a presentation on issues related to long term care.

For more information, please the Michigan Long Term Care Ombudsman toll free number: **1.866.485.9393**

PERSONAL BELONGINGS

Every effort will be made to accommodate a resident's request to bring their personal belongings to Oakview, however, accommodation of the request will be based on resident safety and space availability. A wall mounted TV and cable are provided to each resident at no charge.

All personal property needs to be brought to the nursing station in order that the nursing staff may add the property item to the resident's belongings record. Additionally, electronic equipment to be plugged in an outlet needs to be checked by the maintenance department before being used by a resident. If an item is damaged or missing please report this situation to the nursing station immediately in order that an investigation may be initiated. The facility is not responsible for damage and/or loss of any electronic device.

PETS

Although residents may not bring their own pets to live with them at Oakview, we most certainly support visits from the animal kingdom.

Pets are wonderful providers of "spirit lifting" therapy and your personal pet may visit you at Oakview. While your pet is visiting, great care must be taken to ensure that the pet is current with required shots, and not permitted to interfere with other individuals at the facility. You or your family are responsible for the actions of your pet.

Oakview provides some pets such as birds and fish for your joy and pleasure. From time-to-time the staff will adopt a kitten or puppy. These pets are monitored for changes in their health and safety at all times. We also arrange for visiting pets from local agencies, such as llamas, to spark the resident's interest and reacquaint us all with our "wild side".

PHYSICIAN APPOINTMENTS AND TRANSPORTATION

Oakview provides transportation for resident appointments, however families are encouraged to transport their family members to appointments when possible. When family members are providing transport, please communicate your plans to the nursing station as soon as possible. We also ask that you sign out when leaving and back in upon return to the facility.

Scheduling

Appointments are set up through our nursing department and when needed, facility staff will assist in the transfer of residents.

Appointment Packets

Residents will be sent with an appointment envelope or packet to their appointment to present to the physician's office staff for completion. This is a communication packet between the office physician and the facility. We ask that you return the packet to the nurse's station upon return from the appointment.

PRIVACY PRACTICES

Oakview is obligated by Federal rules and regulations to comply with the Privacy and Security Standards of the Health Insurance Portability and Accountability Act (HIPAA). Specific uses and disclosures of Protected Health Information (PHI) are stated in the facility's Notice of Privacy Practices provided to Residents and/or their Representative at the time of admission. Questions or concerns may be directed to the facility's Privacy Officer.

PRIVATE PAY

The Facility's daily private pay rate for room, board, and routine/basic care services is established by the Mason County Department of Health & Human Services Board to cover costs associated with providing care for the resident. Additionally, residents are responsible for applicable charges per visit for physician services; plus ancillary/supplemental charges (including medications, oxygen, x-rays, specialized rehabilitation therapy, etc.). The private pay rate is subject to change depending on costs of operation. Once admitted, you will be informed of a rate change at least 60 days before it becomes effective. Individuals who are private pay will be charged for one month's worth of services in advance.

REHABILITATION/THERAPY SERVICES

Rehabilitation Services strives to maximize each resident's functional level and achieve each person's highest possible degree of personal independence. When determined to be medically necessary, individualized treatment programs will focus on restoring functional movement, relieving pain, promotion of healing, enabling communication, instruction in self-care and performance of activities of daily living and assist, as needed in adaptation to a permanent disability. Whenever possible, the ultimate goal is to enable individuals to return home or to a lesser care environment.

If it has been determined that it is medically necessary for a resident to receive Physical Therapy, Occupational Therapy or Speech Therapy, the resident's primary physician will write the orders for the appropriate service. The therapist(s) will

evaluate the resident's condition and determine what the specific treatment program will be. Should the therapist determine that the resident is not a candidate for a treatment program, the therapist may make recommendations to the nursing staff as to programs that may be performed by nursing assistants. Some examples of these programs may be how to best assist the resident with walking, dressing or communication.

If the resident has been on a treatment program, the therapist(s) will determine when the resident has either reached a plateau in progress or achieved the highest level of function anticipated. At that time the nursing staff will continue the program based on the recommendations of the therapist(s). Rehabilitation programs are most often scheduled on a daily basis; Monday through Friday, with the average length of treatment 30 to 60 minutes per session. Additional visits are scheduled on holidays and weekends based on resident need and therapist recommendation. Family meetings, and/or training sessions, may be scheduled with the therapists.

Occupational Therapy

Occupational Therapy that primarily focuses on problems with activities of daily living (ADL), transferring and impaired movement or strength and coordination of the arms. The treatment program may be done in the resident's room, ADL kitchen, the Occupational Therapy Room or a simulated home environment. The treatment program might include instruction in how to dress, perform personal care/hygiene, cooking or how to perform a daily routine of activities.

Physical Therapy

Physical Therapy primarily focuses on problems with walking, transferring, impaired movements or strength of the arms, legs and trunk, as well as some types of muscular and joint pain. Most residents are brought to the Physical Therapy department for treatment. In the treatment program, the resident might receive instruction in how to walk and the type of walker or cane that would be best to accommodate the resident's condition. The instruction might also include training in how to get in and out of bed, or transferring from sitting to standing. If muscular weakness and/or balance are a problem, the treatment program may include an exercise program that is specifically designed to meet the resident's needs.

Speech Therapy

Speech Therapy primarily focuses on problems with communication (speech, language and voice), cognitive-linguistic and swallowing. The treatment program may include exercises or instruction to improve a resident's ability to communicate with others through speech or alternate means as well as understand and comprehend the information that is communicated to them. It may also include an assessment of swallowing difficulties with recommendations

to alter the texture or consistency of solid food and liquids to maintain resident safety. The treatment may also include exercises and techniques to improve swallowing ability.

REPORTING CORPORATE COMPLIANCE AND HIPAA CONCERNS

In accordance with Federal and State law governing this Facility and out of our genuine concern to ensure excellence of care, residents, family members, employees and members of the public are encouraged to report suspected or potential violations of law that concern resident care and facility operations.

You may contact Oakview's Corporate Compliance Director in any of the following manners:

- Call 231.845.5185 (x266)
- Call the confidential Compliance & HIPAA Hotline at 231.845.6605
- Send an email to ccd@oakviewmcf.com
- Place a note in the Corporate Compliance Director's Facility mailbox next to the business office
- Mail to: Corporate Compliance Director
Oakview Medical Care Facility
1001 Diana Street
Ludington, MI 49431

Complaints may be made anonymously. However, if you choose to have a written response to your concern, your identity will be needed.

No person reporting a suspected or potential violation with a good faith belief that the Corporate Compliance Program, HIPAA Regulations, or State or Federal law has been violated shall be subject to retaliation.

RESIDENT ABUSE

Resident abuse in any form is a criminal offense and subject to prosecution. Residents may be extremely vulnerable and have the right to be free from verbal, sexual, physical, and mental abuse, as well as corporal punishment, involuntary seclusion or the misappropriation of their property by staff, other patients, family members or visitors.

If you believe that you are a victim of or witness to an incident of resident abuse, you are requested to contact the on-duty Charge Nurse, the Director of Nursing Services or the Nursing Home Administrator immediately.

RESIDENT CARE BY NON-EMPLOYEES

Non-employees are prohibited from providing direct care services to residents while at the facility. Only licensed, registered, or certified staff members and qualified individuals granted clinical attending privileges are permitted to provide such care, limited to their qualifications and certifications and as delineated in their individual job descriptions.

Non-employees may not medicate, ambulate, bath, transfer, dress or feed residents except as follows:

- Activities of Daily Living (ADLs) – following training by facility Physical and Occupational Therapists in support of pending discharge and transition to home or a lesser care setting.
- Ambulation assist – with a qualified staff member present and conducting the ambulation or transfer.
- Dressing – if the resident is normally able to dress themselves. Otherwise a qualified staff member must be present to assist.
- Feeding – special considerations will be reviewed on a case by case basis following documented training by facility staff on proper procedures and technique to prevent aspiration.

Staff observing unauthorized individuals attempting to provide direct care services will advise them to immediately stop their unauthorized activity and may request assistance from nursing staff or the Administrator as needed.

RESIDENT COUNCIL

Oakview's Resident/Family Council, organized in 1986, is a nonprofit organization which serves the needs of all Oakview residents. The Resident Council is governed by the residents with support from staff as requested by the Council. Each resident, or their representative, is considered to be a member of the Council. No dues or fees are collected as a condition of membership. The Resident Council normally meets once a month.

RESIDENT PERSONAL FUNDS

Oakview manages a resident trust fund for residents in an interest-bearing checking account separate from facility funds or the funds of anyone other than the resident. All resident funds on deposit in the trust fund in excess of \$50.00 earn interest. A trust fund balance is considered an asset by the Family Independence Agency when computing a resident's Medicaid eligibility.

Individual financial records are available to the resident through quarterly statements and upon request. Additionally, the facility must notify Medicaid residents when the amount in their account reaches \$200 less than the SSI resource limit for one person, and if the amount in the account, in addition to the value of the resident's other nonexempt resources, reaches the SSI resource limit for one person, the resident may lose eligibility for Medicaid or SSI.

Upon the discharge, eviction, or death of a resident with a personal fund deposited with the facility, we will send within 7 days the resident's funds and a final accounting for those funds to the resident, or in the case of death, the individual or probate jurisdiction administering the resident's estate, in accordance with State law.

The facility purchases a surety bond to assure the security of all personal funds residents deposit with the facility. We will not impose a charge against the personal funds of a resident for any item or service for which payment is made under Medicaid or Medicare, except for applicable deductible and coinsurance amounts. The facility may charge the resident for requested services that are more expensive than or in excess of covered services as outlined in the Resident Contract.

Resident access to their funds will be honored by the facility as soon as possible but no later than:

- Same day for amounts less than \$100 (\$50 for Medicaid residents)
- Three banking days for amounts of \$100 or more (\$50 or more for Medicaid residents)

The Business Office also maintains a resident petty cash fund account used solely for disbursing cash to residents who wish to have access to personal funds maintained on the premises. During non-business hours, the petty cash fund box is maintained by the Charge Nurse. Facility staff will provide the resident with a receipt for any withdrawn funds and retain a copy for the Business Office.

RESIDENT RESPONSIBILITIES

Each resident is responsible for following the rules and regulations affecting his or her care. Providing a clear medical history is important in order to participate in his or her plan of care. Being considerate of other residents and the facility personnel and property is expected. Accurate and timely information about sources of payment must be provided to the business office. The Social Services staff will also assist in explaining sources of alternate payment. If the resident is not capable of providing this kind of information, the legal representative may do so.

RESIDENT RIGHTS

Each resident is entitled to be cared for and treated with consideration, respect, dignity and individuality. Adequate and appropriate care is a very important part of each resident's daily routine and plan of care. Caring for each individual is the main focus of caregivers. No resident shall be denied appropriate care on the basis of race, creed, color, national origin, religion, sex, age, handicap, sexual preference, marital status or source of payment.

SAFETY

Oakview discourages residents from having scissors or needles in their rooms related to safety issues. If a resident is using scissors/needles for independent crafts projects the resident must demonstrate the ability to safely use the items and understand how to properly store the items. Once an Oakview staff person has confirmed that a resident has demonstrated safety awareness they will be provided with a lock box for safe storage. If at any time the staff feels the resident is no longer demonstrating safety awareness the resident will be re-evaluated and items could be removed from room at the discretion of Oakview staff.

SMOKING

Smoking and the use of tobacco products are prohibited on the Oakview Medical Care Facility campus including all grounds, buildings and property, or inside personal or Oakview vehicles. This includes but is not limited to any lighted cigarette, cigar, pipe, e-cigarette, any and all other tobacco products, and/or any other smoking material products, whether legal or illegal. A resident who violates the Facility Smoking Policy will be subject to involuntary discharge/transfer in accordance with the State law and facility policy.

SOCIAL SERVICES

A person's self-worth is very important to us and is an integral part of our program. Social Services staff are aware of all aspects of resident care and needs. Residents and families are welcome to discuss their concerns with the staff. It is important to let the staff know at the time a concern occurs in order to remedy the problem.

TELEPHONES

There are telephone jacks in each resident room. Residents or their responsible party must furnish their own telephone. All costs associated with the installation, connection and use of a personal telephone are the sole responsibility of the resident or their responsible party.

For phone installation a resident/family must call Frontier 1.888.920.9520 to set up phone service. The phone company must come to Oakview between 8:00 am-3:00

pm, Monday-Friday. The resident/family is to notify the Maintenance Director when someone from the phone company will be hooking up the phone.

If a resident chooses not to have a personal telephone, the facility has cordless telephones available for use from the nursing stations. These phones are to be used for local incoming/outgoing calls only and cannot accept collect calls. The numbers for these phones are:

- Main Nurses Station: 231.233.2681
- SLC Nurses Station: 231.233.4119

VISITATION

Friends and family members are encouraged to visit the facility at any time. Please be aware that from time to time visitors may be asked to leave a resident's room while the nursing staff or attending physician performs resident care. The visitor's understanding and cooperation in support of this need is greatly appreciated.

Security

While there are no set visiting hours, visitor entrances are locked in the later part of the evening for the safety of residents and staff. When the doors are locked, please use the call button and speaker at the front door or doorbell for the Sutter Living Center (SLC) to alert staff and someone will come let you in as soon as possible.

Sign In

Visitors are required to sign in via one of the kiosks located at each visitor entrance. We ask that you use the backup manual log if the kiosks are not working.

Visitation Areas

In addition to resident rooms, there are public areas available for visiting such as the lobby, aviary, and commons area. Arrangements may also be made for private areas and family gatherings by contacting the nursing station.

VOTING

At election time, we ensure that residents who wish to vote are provided the opportunity to do so. For additional information, please contact a member of our Social Services staff.

WAITING LIST

Referrals are received from many different sources. Hospitals, physicians, a family member, a home care nurse, or a hospice nurse are all examples of people who ask to place a person's name on referral. Because Oakview is a county owned and

supported nursing facility, we give first preference to admitting Mason County residents. Residents from other counties and states will be admitted based on bed availability on a first-come-first-served basis. We have people on the waiting list who are at home, in an adult foster care home, in another nursing home, and in hospitals.

RESOURCE INFORMATION

Facility Numbers

Oakview Main Number	231.845.5185
Main Nurses Station	Extension 234 or 235
Sutter Living Center Nurses Station	Extension 256 or 257
Administrator	Extension 228
Corporate Compliance/HIPAA	Extension 266
Dietary Services	Extension 231
Environmental Services	Extension 294
Financial Services (Business Office)	Extension 223
Maintenance Services	Extension 237
Nursing Services	Extension 224
Rehabilitation Services	Extension 249
Social Services	Extension 261
Therapeutic Recreation (Activities)	Extension 259

Office Hours: Office Staff are generally available Monday-Friday, 8:00am-4:30pm. Leave a voicemail for return phone call.

Portable Phones for Resident Use

Main Nurses Station Portable Phone	231.233.2681
SLC Nurses Station Portable Phone.....	231.233.4199

Local Transportation

Dial-a-Ride

231.845.6218

Hours: Mon-Fri 6am to 7pm*
Sat 8am - 4pm*
Sun 8am - 2pm*
* Last call: 30 minutes prior to close each day

