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## **MEADOW BROOK MEDICAL CARE FACILITY RESIDENT RIGHTS INTERPRETATION AND IMPLEMENTATION POLICY**

### **Purpose:**

The primary purpose of our resident rights policies and procedures is to provide written guidelines that will aid our facility in protecting and promoting each resident's right to a dignified existence, self determination and communication with and access to persons and services inside and outside of the facility that enhances the resident's quality of life.

### **Applicability:**

Our facility's resident rights apply to all residents equally and without regard to race, color, creed, national origin, age, sex, religion, handicap, marital, veteran or financial status.

### **Objectives:**

The objectives of our residents' rights are:

- To provide each resident with a clear statement of how he or she will be treated by the facility, its personnel, volunteers, and other involved in providing care or services.
- To protect and promote the rights of each resident as guaranteed to them under federal and state law to include:
  - a) Activities;
  - b) Financial affairs;
  - c) Freedom from abuse and restraint;
  - d) Freedom of association and communication in privacy;
  - e) Grievances and complaints;
  - f) Medical care and treatment;
  - g) Pain and Symptom management;
  - h) Personal possessions;
  - i) Privacy and respect;
  - j) Transfer and discharge; and
  - k) Work;
  - l) Nutritious meals.
- To establish policies and procedures that permits the resident to exercise his or her rights and to have autonomy and choice about his or her care and daily living.

### **Responsibility:**

- It shall be the responsibility of the administrator, through the social services department, to inform and review with residents, or their representative (sponsor), our facility's policies and procedures relating to resident rights and the responsibilities each has in following and implementing such rules.

- The department supervisors, or his or her designee, will be responsible for reviewing resident rights with staff personnel. Such information will be provided through orientation and in-service training programs.

### **Adoption of Policies:**

The governing board, in conjunction with the Quality Assurance and Assessment Committee, has adopted the policies and procedures outlined in this manual as those that best reflect our needs, goals and operational requirements in protecting and promoting resident rights.

### **Delegation of Authority:**

- The social services department and the director of nursing have been delegated the administrative authority, responsibility, and accountability for implementing our residents' rights policies and procedures.
- Such delegation shall remain in effect until it has been rescinded or revoked by the administrator.

### **Governing Regulations:**

- Governing regulations mandating the establishment of our resident rights policies and procedures are derived from current federal and state regulations.
- Federal requirements governing our facility's resident rights policies and procedures are provided at the beginning of this section.

### **Reviews:**

- Our resident rights policies and procedures will be reviewed at least annually for necessary revisions and updating.
- The Quality Assurance and Assessment Committee will participate in such reviews. Minutes of such meetings will be maintained and filed in the business office.

## **Notice of Resident Rights and Responsibilities**

### **Policy:**

It is the policy of this facility to inform the resident, both orally and in writing, of his or her rights and the rules and regulations governing his or her conduct and responsibilities during his or her stay in the facility.

### **Policy Interpretation and Implementation:**

- Prior to, or upon admission to the facility, the resident will be informed of his or her rights and the rules and regulations governing his or her conduct and responsibilities while a resident in the facility.

- Should a resident be found incompetent by a court of law, or the resident's attending physician declare the resident medically incapable of understanding his or her rights, the resident's representative (sponsor) shall act in behalf of the resident. (See policy entitled "Assignment of Rights").
- Our facility will inform the resident of his or her rights and responsibilities in a language that is both clear and understandable to the resident. Should the resident's knowledge of English be inadequate for understanding such rights and responsibilities, his or her rights and responsibilities will be explained in the language that is familiar to the resident.
- For foreign languages commonly encountered in our community, the facility will provide the resident with written and oral translations of his or her rights and responsibilities through an interpreter. If the foreign language is not common to our community, the representative (sponsor) may sign that he or she has interpreted the statement of rights and responsibilities to the resident prior to the resident's acknowledgement that he or she has been informed of such rights and responsibilities.
- Should the resident be hearing impaired and communicate by signing, the resident will be informed of his or her rights and responsibilities through an interpreter.
- A written copy of the resident's rights and responsibilities will be provided to the resident and/or his or her representative (sponsor). The resident, or his or her representative (sponsor), will be required to sign a statement certifying that such rights and responsibilities have been reviewed with him or her and that they have been explained to his or her satisfaction.
- To assure that our residents, staff, and visitors are continually informed and aware of our resident rights and responsibilities, copies are posted in the:
  - a) Main lobby area and throughout the building.
- Written copies are also available upon request and may be obtained from the business office or social services department during normal office hours (8:00 a.m. – 4:00 p.m., Monday – Friday (except holidays.)
- The resident will be informed orally and in writing of any changes that affect his or her rights and responsibilities.

### **Oral Review**

It is the policy of this facility to orally review our residents' rights and responsibilities with each resident prior to or within five (5) days of his or her admission.

### **Policy Interpretation and Implementation:**

- Prior to (not to exceed fourteen (14) days before the admission), or within five (5) working days after the admission (excluding weekends and holidays), the resident will be fully informed of his or her rights as a resident of the facility, as well as his or her responsibilities and obligations to the facility.
- A member of our staff will discuss the resident's rights and obligations with the resident, and/or his/her representative (sponsor) during the preadmission interview, admission process, assessment (MDS), and/or during the development of the care plan.

- Our resident rights and responsibilities are written and explained in a manner that is understandable to both the resident and/or his or her representative (sponsor). Questions are encouraged and are answered fully to the satisfaction of the resident and/or his or her representative.
- Policies governing other forms of interpretations are outlined in a separate policy of this section entitled "Translations".

### **Acknowledgement of Resident Rights**

#### **Policy:**

It is the policy of this facility that all residents and/or their representative (sponsor), sign a statement acknowledging the receipt of a written copy of our facility's resident rights and responsibilities.

#### **Policy Interpretation and Implementation:**

- A written copy of our resident rights and responsibilities will be provided to the resident, and the resident will be required to sign a statement acknowledging that such rights and responsibilities were orally reviewed with him or her.
- Should the resident's attending physician determine that the resident is medically incapable of understanding his or her rights and responsibilities, in accordance with this state's current laws, regulations, and guidelines, the resident's legal guardian and/or representative (sponsor) will be informed of such rights and be entitled to act on the resident's behalf.
- Policies governing assignment of rights are outlined in a separate policy entitled "Assignment of Rights."

### **Assignment of Rights**

#### **Policy:**

It is the policy of this facility that each resident be informed of his or her rights and the rules and regulations governing his or her conduct and responsibilities while a resident is in this facility.

#### **Policy Interpretation and Implementation:**

- Should a resident be declared incompetent, in accordance with state law, or the resident's attending physician declare the resident medically incapable of understanding his or her rights, the resident's legal guardian, and/or responsible family member (sponsor), will be advised of the resident's rights and responsibilities.
- Documentation from the court and/or attending physician must be presented to the facility prior to or upon the resident's admission. Such documentation must be signed

and dated by court officials having jurisdiction over such matters and/or the resident's attending physician, whichever applies.

- The legal guardian, and/or responsible family member (sponsor) must acknowledge, in writing, that an oral explanation of the resident's rights and responsibilities has been made and that he or she also received a written copy of such material.
- A copy of the signed acknowledgement must be filed in the resident's medical record.
- Assignment of rights may be revoked if the resident later becomes able to make his or her own decisions.

## **Exercise of Rights**

### **Policy:**

It is the policy of this facility that residents exercise their rights as residents of the facility and as citizens of the United States.

### **Policy Implementation and Interpretation:**

- Exercising rights means that residents have control (autonomy) and choice, to the maximum extent possible, about how they wish to live their everyday lives and receive care, subject to our facility's rules and regulations affecting resident conduct and those regulations governing protection of resident health and safety.
- Our facility will encourage residents to participate in planning their activities of daily living routines (ADL).
- Residents will be encouraged to participate in activities of their choice, including the participation in community activities (i.e., voting, religious observances, etc.).
- Transportation to community activities will be arranged through the medical records department.
- Residents will be encouraged to participate in resident and family group meetings, including the election of group officers.
- Our facility will not hamper, compel by force, treat differently, or retaliate against a resident for exercising his or her rights.

## **Admissions to the Facility**

### **Policy:**

It is the policy of this facility to admit only those residents whose medical and nursing care needs can be met.

### **Policy Interpretation and Implementation:**

- A resident may be admitted if the facility can provide the care prescribed by the resident's admitting or attending physician.
- The resident or legal representative is required to sign the Admission Agreement upon admission.

- Inquiries regarding admission policy can be directed to the admissions coordinator, social services director or the Administrator.

## **Admission Agreement**

### **Policy:**

It is the policy of this facility that all residents have on file a signed and dated admission agreement.

### **Policy Interpretation and Implementation:**

- At the time of admission, the resident (or his/her representative) must sign an Admission Agreement (contract) that outlines the services covered by the basic per diem rate, as well as any additional services requested by the resident that are not covered by the basic per diem rate.
- The Admission Agreement (contract) will reflect all charges for covered and non-covered items, as well as identify the parties that are responsible for the payment of such services.
- With respect to our admission agreement, our facility shall not:
  - a) Require individuals applying to reside (or residing) in our facility to waive their rights to benefits under Medicare/Medicaid;
  - b) Require oral or written assurances that such residents or applicants are not entitled or eligible for such benefits;
  - c) Require oral or written assurances that such residents or applicants will not apply for such benefits;
  - d) Require that the sponsor or legal guardian guarantee payment as a condition of admission, or to expedite the admission. (**Note:** An individual, or guardian, who has access to the resident's income or resources will be required to sign the admission agreement guaranteeing payment from such funds for the care and services provided to the resident in accordance with the admission agreement.)
  - e) In the case of a resident or applicant who is entitled to Medicare/Medicaid benefits for nursing care, charge, solicit, accept, or receive, in addition to any amount otherwise required to be paid under Medicare/Medicaid programs, any gift, money, donation, or other consideration as a precondition of admitting (or expediting the admission of) the applicant to the facility or as a requirement for a resident's continued stay in the facility. (**Note:** This shall not be construed as preventing the facility from charging Medicare/Medicaid recipients for services that the resident requested that are not covered by the facility's per diem rate.)
- Bona fide contributions may be accepted and solicited by the facility from a charitable, religious, or philanthropic organization or from a person unrelated to a resident (or a potential resident), but only to the extent that such contribution is not a condition of admission, expediting admission, or continued stay in the facility.
- A copy of the admission agreement will be provided to the resident or his/her representative (sponsor), and a copy will be placed in the resident's permanent file.
- Residents will be informed of any change(s) in the costs or availability of services at least thirty (30) days prior to such change(s) taking effect.

- Inquiries concerning our facility's admission agreement should be referred to the administrator, and/or business office.

## **Notice of Transfer/ Discharge / Involuntary Transfer or Discharge**

### **Policy:**

It is the policy of this facility to provide residents, and or the resident's representative (sponsor), with a thirty (30) day written notice of an impending transfer or discharge. The resident or resident's representative has the right to refuse involuntary transfer out of or discharge from, the facility under certain circumstances.

"Transfer" means the moving of a resident from the facility to another legally responsible institutional setting. "Discharge" means the moving of a resident to a non-institutional setting when the releasing facility ceases to be responsible for the resident's care.

According to federal regulations, the facility must permit each resident to remain in the facility, and not transfer or discharge the resident from the facility unless:

- a) The transfer is necessary for the resident's welfare and the resident's need cannot be met in the facility;
- 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 facility;
- c) The safety of individuals in the facility is endangered;
- d) The health of individuals in the facility would otherwise be endangered;
- e) The resident has failed, after reasonable and appropriate notice, to pay for (or to have paid under Medicare or Medicaid) a stay at the facility;
- f) An immediate transfer or discharge is required by the resident's urgent medical needs;
- g) The facility ceases to operate.
- h) A resident has not resided in the facility for thirty (30) days.

*(Note the guidelines above also apply while an appeal is in process, see involuntary discharge section)*

### **Policy explanation and Compliance Guidelines:**

#### 1. Non Emergency Transfers, Involuntary Transfers or Discharges

This portion of the policy applies to transfers, involuntary transfers or discharges that are initiated by the facility, not by the resident or the resident's representative.

The resident, and or representative (sponsor) will be provided within thirty (30) days of the transfer or discharge with the following information in the form of a discharge packet:

- a) The effective date of transfer or discharge.
- b) The location to which the resident is being transferred or discharged.
- c) The reason for the transfer or discharge.

- d) The physician should document medical reasons for transfer or discharge in the medical record, when the reason for transfer or discharge is for any reason other than nonpayment of the stay or the facility ceasing to operate. A copy of the physician's order for discharge should be attached to the discharge notice.
- e) A discharge summary and plan of care should be prepared for the resident.
- f) Notice of discharge will include an explanation of the right to appeal action to the state agency designated for such appeals.
- g) The name, address and telephone number of the state long- term care Ombudsman. (see back page of this booklet "Resident Rights Interpretation and Implementation Policy")
- h) Assist the resident with Ombudsman appeal representative consultations as desired.
- i) The name, address and telephone number of individuals or agencies responsible for the protection and advocacy of the mentally ill or developmental disabled individuals (as applies)
- j) The name, address and telephone number of the State Health Department agency that has been designed to handle appeals of transfers and discharge notices. (see back page of this booklet "Resident Rights Interpretation and Implementation Policy" )
- k) Bed hold policy- "Notice of Bed-Hold Policy"
- l) Readmission policy
- m) Provide orientation for the resident to the new facility, when possible. Assist with transportation arrangements to the new facility and any other arrangements, as needed.

## 2. Emergency Transfers, Discharges

Emergency transfers should occur only for medical reasons, or for the immediate safety and welfare of a resident, or other residents. Emergency transfer procedures should include the following:

- a) A physician's order for emergency transfer or discharge stating the reason for transfer or discharge necessity and the emergency situation.
- b) Nursing will contact ambulance service and provider hospital, or facility of the resident's choice, when possible, for transportation and admission arrangements.
- c) Nursing will complete and send with the resident a Transfer Form which documents current diagnosis, reasons for transfer /discharge, date, time, physician, current medications, treatments and functional status.
- d) Resident representative information including contact information.
- e) A copy of any Advance Directive, Durable Power of Attorney, DNR or withholding or with drawing of life- sustaining treatment forms will be sent with the residents.

- f) The original copies of the transfer form and advance directive accompany the resident. Copies will be retained in the medical record.
- g) Nursing will document information regarding the transfer in the medical record.
- h) Bed-hold policy will be given at the time of transfer/discharge to the resident/ legal representative or the notice will be issued within twenty-four (24) hours of discharge. Please see the "Notice of Bed-Hold Policy" included in this booklet ("Resident Rights Interpretation and Implementation Policy").

### 3. Involuntary Discharge

- a) Thirty (30) day notice must be given to the resident and or resident's representative (sponsor). Notice must be provided on ITD-502 form ("Notice of Involuntary Transfer or Discharge"). A copy of form 502 must be included in the resident's billing chart.
- b) The Bureau of Community and Health Systems will be notified within forty-eight (48) hours of the notice being issued. (The nursing facility must submit an ITD-512 check list to the Bureau) The bureau will notify the nursing facility via email or letter of the acceptance of the involuntary transfer/discharge plan. The Bureau may request additional information if needed. (see back page of this booklet "Resident Rights Interpretation and Implementation Policy" for address)
- c) The Bureau notification will be placed in the resident's billing record/file.
- d) The facility must send a copy of the notice to a representative of the Office of the State Long-Term Care Ombudsman.
- e) Hearing request form ITD -505 must be provided to the resident or resident's representative (sponsor) by the nursing home along with envelope and postage.
- f) The resident or resident's representative (sponsor) has the right to request a hearing within ten (10) days following the receipt of the notice.
- g) The facility may not transfer or discharge the resident while an appeal is pending unless failure to discharge or transfer would endanger the health or safety of the resident or other individuals in the facility. The facility must document the danger that failure to transfer or discharge would pose.
- h) If a hearing is requested, a hearing shall be held within seven (7) days and all parties will be notified by the agency responsible for the hearing.
- i) Even if a hearing is not requested, the resident has the right to an orderly and safe transfer or discharge.
- j) Any discharge to a non-nursing facility setting will require that the discharge plan clearly demonstrated that the proposed location offers, and has the ability to provide, the necessary services to meet the resident's needs, especially where the resident is still in need of skilled nursing care.
- k) The following must be documented by the physician when the facility transfers or discharges a resident:
  - a. The basis for the transfer, and

- b. The specific resident need(s) that cannot be met, facility attempts to meet the resident needs and the service available at the receiving facility to meet the need(s).

#### 4. Discharge Documentation

- a) For anticipated discharges, a Discharge Summary is completed by the nurse caring for the resident at the time of discharge. The social service designee should document any pertinent social information on the summary (e.g., arrangement for post discharge equipment, services, and psychosocial approaches for the caregiver, etc.)

#### 5. Discharge against Medical Advice

- a) The resident and family/legal representative should be informed of the risks involved, the benefits of staying at the facility, and the alternatives to both. The physician should be notified and encouraged to speak with the resident and family/legal representative.

### **Notice of Bed-Hold Policy**

#### **Policy:**

Before a nursing facility transfers a resident to a hospital or allows a resident to go on therapeutic leave, the nursing facility must provide written information to the resident and or resident's representative regarding bed hold. Bed-hold policy applies to all residents residing in the nursing facility.

#### 1. Notice Before Transfer:

Notice must contain the duration of the bed-hold under Michigan's State plan, if any, during which the resident is permitted to return and resume residence in the nursing facility; and the nursing facility's policies regarding bed-hold periods.

- Michigan State Plan

#### **§ 447.40 Payments for reserving beds in institutions.**

- (a) The Medicaid agency may make payments to reserve a bed during a beneficiary's temporary absence from an inpatient facility, if -

- (1)** The State plan provides for such payments and specifies any limitations on the policy; and
- (2)** Absences for purposes other than required hospitalization (which cannot be anticipated and planned) are included in the patient's plan of care.

- (b) An agency that pays for reserved beds in an inpatient facility may pay less for a reserved bed than an occupied bed if there is a cost differential between the two beds. (Section 1102 of the Act.)

[43 FR 45253, Sept. 29, 1978, as amended at 51 FR 24491, July 3, 1986]

2. Bed- Hold Notice:

Two (2) notices of bed-hold policy will be issued. The first notice of bed-hold policies will be given at the time of admission. (Notice of bed-hold will be reissued upon changes to Michigan's State Plan). The second notice will be issued at the time of transfer.

- a) In cases of emergency transfer, bed-hold notice will be sent with other papers accompanying the resident to the hospital or provided to resident's representative within twenty-four (24) hours of the transfer.
- b) Bed-hold for days of absence in excess of Michigan's State's bed-hold limit are considered non-covered services which means that the resident could use his/her own income to pay for the bed-hold.
- c) Resident / Resident's representative is not obligated to pay for bed-hold while on medical leave. (see readmission rights)

**Meadow Brooks Bed-Hold Policy is as follows:**

Each resident shall have the right to be informed of this bed-hold policy at admission and when transferred out of the nursing facility.

**PRIVATE PAY RESIDENT OR RESIDENTS COVERED BY PRIVATE INSURANCE:**

1. In order to return to the same bed, the resident or resident's representative must pay to hold the bed or follow specific rules set for by the private insurance company. Meadow Brook's current private pay daily rate would apply. Contact the billing office for currently daily rates.
2. The resident or resident's representative is under no obligation to hold the bed while on medical leave.
3. All arrangements are made with social services and the business office.

**RESIDENTS COVERED BY MEDICAID:**

1. Medicaid will pay to hold a resident's bed for **non-medical** reasons for up to 18 nights in a 365 day period if it is for therapeutic recreation approved by physician.
2. A resident gone for more than 18 nights in a 365 day period, for **non-medical** reasons, may be discharged.

3. A resident or resident's representative may pay to hold the bed for the additional days; however, there is no obligation to do so. Meadow Brook's current Medicaid daily rate would apply. Contact the billing office for currently daily rates.
4. If the resident or resident's representative does not elect to pay to hold the bed following discharge after 18 nights (refer to #2), the resident has the right to the next available semi-private bed or equivalent.
5. Medicaid will pay for a resident's temporary absence from the facility for admission to the hospital for emergency medical treatment for up to 10 days **provided the facility census is at 98% or higher** on the midnight of the first day of discharge.
6. In order for Medicaid to pay to hold the bed during a hospital admission for emergency medical treatment, there must be a reasonable expectation by the attending physician that the resident will return by the 10<sup>th</sup> day.
7. If the physician determines that a resident is not expected to return within 10 or fewer days, the facility will not hold the bed and the resident will be discharged.
8. If the resident or resident's representative does not elect to pay to hold the bed following discharge, the resident has the right to the next available semi-private bed or equivalent.

#### **RESIDENTS COVERED BY MEDICARE:**

1. Medicare will pay to hold a resident's bed if he or she chooses to leave Meadow Brook for non-medical reasons if the resident returns before midnight on the day of departure.
2. Medicare will **not** pay to hold a resident's bed if he or she leaves for medical reasons (ex: hospital admission) **unless** the resident returns by midnight on the day of departure.
3. The resident or resident's representative is under no obligation to hold the bed while on medical leave.
4. In order to return to the same bed, the resident or resident's representative must pay to hold the bed at Meadow Brook's current private pay daily rate. Contact the billing office for currently daily rates.
5. If the resident or resident's representative is not able to pay to hold the bed following discharge, the resident has the right to the next available semi-private bed or equivalent.

## **Readmission To The Facility**

### **Policy:**

A resident whose hospitalization or therapeutic leave exceeds the bed-hold period under Michigan's state plan will be readmitted to the facility to their previous room if **available** or immediately upon the first availability of a bed in a semi-private room with another resident of the same sex as long as the resident meets the following criteria:

1. Requires the services provided by the facility; and
2. Is eligible for Medicare skilled nursing facility services or Medicaid nursing facility services.

### **Policy Explanation and Compliance Guidelines:**

1. The facility will inform each resident or resident's representative, of the resident's legal readmission rights prior to, or upon, the resident's initial admission to the facility.
2. The facility will readmit a resident to the facility if the resident requires the services provided by the facility and if the resident is eligible for Medicare skilled nursing services or Medicaid nursing facility services.
3. The facility will not discriminate against Medicaid or Medicaid-eligible residents regarding readmission to the facility, even those residents with outstanding Medicaid balances. After readmission, these residents may be transferred if the facility can demonstrate that a non-payment issue of charges exists. (see policy regarding Transfers, Involuntary transfers and discharges)
4. The facility will admit resident to first available bed. If the resident's original bed is not available at the time of readmission, the resident will be given the option to return to that bed upon the first availability

## **Advance Directives**

### **Policy:**

It is the policy of this facility to ensure that a resident's choice about advance directives be respected.

### **Policy and Interpretation and Implementation:**

- Prior to, or upon admission, social services will ask residents, and/or their family members, about the existence of any advance directives.
- Should the resident indicate that he or she has issued advance directives about his or her care and treatment, the facility will require that a copy of such directive can be included in the medical record.
- Our facility has defined advance directives as preferences regarding treatment options and include, but are not limited to:
  - a) **Living Will** – A document that specifies a resident’s preferences about measures that are used to prolong life when there is reduced life expectancy due to advanced illness.
  - b) **Do Not Resuscitate** – Indicates that, in case of respiratory or cardiac failure, the resident, legal guardian, healthcare proxy, or representative (sponsor) have directed that **no** cardiopulmonary resuscitation (CPR) or other life-saving methods are to be used.
  - c) **Do Not Hospitalize** – Indicates that the resident is **not** to be hospitalized, even if her or she has a medical condition that would usually require hospitalization.
  - d) **Organ Donation** – Indicates that the resident wishes his or her organs to be available for transplantation upon his or her death.
  - e) **Autopsy Request** – Indicates that the resident, legal guardian, healthcare proxy, or representative (sponsor) has requested an autopsy be performed upon the death of a resident. (**Note:** The person making the request must still be contacted for permission prior to performance of the procedure.)
  - f) **Feeding Restrictions** – Indicates that the resident, legal guardian, healthcare proxy, or representative (sponsor) does **not** wish for the resident to be fed by artificial means (e.g., tube, intravenous nutrition, etc.) if he or she is not able to be nourished by oral means.
  - g) **Medication Restrictions** – Indicates that the resident, legal guardian, healthcare proxy, or representative (sponsor) does **not** wish for the resident to receive life-sustaining medications (e.g., antibiotics, chemotherapy, etc.).
  - h) **Other Treatment Restrictions** – Indicates that the resident, legal guardian, healthcare proxy, or representative (sponsor) does **not** wish for the resident to receive certain medical treatments. Examples include, but are not restricted to, blood transfusions, tracheotomy, respiratory intubation, etc.
- If advance directive documents were developed in another state the resident may be requested to have such documents reviewed and revised by legal counsel in this state **before** the facility may honor such directives.
- The social services department will review annually with the resident, and as needed legal guardian, health care proxy, or family representative (sponsor) and his or her directives to ensure that they are still the wishes of the resident. Such reviews will be made during the annual assessment process and recorded on the resident assessment instrument (MDS).
- Changes or revocations of a directive must be submitted to the facility, in writing. The facility may require new documents if changes are extensive. The social services department will be informed of such changes and/or revocations so that appropriate changes can be made in the resident’s record and plan of care.

- The facility will notify the attending physician of advance directives so that appropriate orders can be documented in the resident's medical records and plan of care.
- Inquiries concerning advance directives should be referred to social services, nursing services or the administrator.

## **Dignity and Respect**

### **Policy:**

It is the policy of this facility that all residents be treated with kindness, dignity, and respect.

### **Policy Interpretation and Implementation:**

- Our staff shall display respect for residents when speaking with, caring for, or talking about them, as constant affirmation of their individuality and dignity as human beings.
- Schedules of daily activities allow maximum flexibility for residents to exercise choice about what they will do and when they will do it. Residents' individual preferences regarding such things as menus, clothing, religious activities, friendships, activity programs, and entertainment are elicited and respected by the facility.
- Residents shall be examined and treated in a manner that maintains the privacy of their bodies. A closed door or drawn curtain shields the resident from passers-by. People not involved in the care of the resident shall not be present without the resident's consent while they are being examined or treated. Staff members shall **knock** before entering the resident's room.
- Privacy of a resident's body shall be maintained during toileting, bathing, and other activities of personal hygiene, except as needed for the resident's safety or assistance.
- Violations of the resident's right to dignity and respect should be promptly reported to the director of social services, director of nursing services and / or the administrator.

## **Performance of Services**

### **Policy:**

It is the policy of this facility that residents not be used as a source of labor for the facility.

### **Policy Interpretation and Implementation:**

- Residents are not used to provide a source of labor for our facility against their will or against physician's orders.
- Should the resident choose to perform services for the facility for payment, the resident will be paid at a rate that is equivalent to like work in the surrounding community requiring comparable skills. (**Note:** Income received for such services will be reported to the Medicaid agency in accordance with current eligibility regulations.)

- Any work performed by the resident (whether voluntarily or for payment), must first be approved by the resident's attending physician.
- The resident's plan of care must reflect that such work performance is for therapeutic reasons, and reflect the goals and objectives of the plan. The resident has the right to withdraw his or her request for work-related therapy at any time.
- The work plan will be reviewed quarterly and as needed by the care plan team and the resident's attending physician.

## **Abuse Reporting and Investigation**

### **Policy:**

It is the policy of this facility that reports of abuse be reported and thoroughly investigated.

### **Policy Interpretation and Implementation:**

- Our facility will not permit residents to be subjected to abuse by anyone, including staff members, other residents, consultants, volunteers, staff or other agencies serving the resident, family members, legal guardians, sponsors, friends, or other individuals.
- To assist our facility in defining incidents of abuse, the following information is provided:
  - a) **Abuse** – willful infliction of injury, unreasonable confinement, intimidation or punishment with resulting physical harm, pain or mental anguish (42 CFR 488.301) (includes the deprivation by an individual, including a caretaker, of goods or services necessary to attain or maintain physical, mental or psychosocial well being).
  - b) **Verbal abuse** is defined as any use of oral, written or gestured language that includes disparaging and derogatory terms to residents or their families, or within their hearing distance, to describe residents, regardless of their age, ability to comprehend, or disability.
  - c) **Sexual abuse** is abuse defined as, but is not limited to, sexual harassment, sexual coercion, or sexual assault.
  - d) **Physical abuse** is defined as hitting, slapping, pinching, kicking, etc. It also includes controlling behavior through corporal punishment.
  - e) **Involuntary seclusion** is defined as separation of a resident from other residents or from his or her room against the resident's will, or the will of the resident's legal guardian or representative (sponsor). (**Note:** Temporary **monitored** separation from other residents will not be considered involuntary seclusion and may be permitted when used as a therapeutic intervention to reduce agitation as determined by the medical director, and/or the director of nursing services, and such action is consistent with the resident's plan of care.)
  - f) **Mental / Emotional abuse** is defined as, but is not limited to, humiliation, harassment, threats of punishment, or withholding of treatment or services.

- g) Neglect** – means failure to provide good and services necessary to avoid physical harm, mental anguish or mental illness.
  - h) Misappropriation of resident property** – means the deliberate misplacement, exploitation, or wrongful temporary or permanent use of a resident’s belongings or money without the resident’s consent.
  - i) Mistreatment** – Implies the negligence or lack of knowledge on the offender’s part, but more often refers to harm inflicted deliberately.
  - j) Injuries of unknown source** – Injuries not observed, injuries that cannot be explained by the resident, and are suspicious due to the extent, location or number of injuries.
  - k) Exploitation** – see Resident Photographs.
- All reports of abuse must be reported to the administrator immediately. An immediate investigation must be made in accordance with state and federal law and the findings of such investigation must be reported within five (5) working days of the occurrence of such incident.
  - Should the investigation reveal that suspected or actual abuse occurred, the administrator must report such findings to the resident’s representative (sponsor), local police department, ombudsman, the state licensing agency, and others that may be required by current state and federal laws. The report must include, but is not limited to:
    - a) The name of the resident involved;
    - b) The date and time the incident occurred;
    - c) The circumstances surrounding the incident;
    - d) Where the incident took place;
    - e) The names of any witnesses;
    - f) The name of the person(s) charged with committing the act;
    - g) Recommendations for the corrective action; and
    - h) Other information that may be requested or appropriate.
  - All reports of abuse will be investigated by law enforcement agencies designated by the state licensing agency to handle such complaints.
  - Inquiries concerning abuse reporting and investigations should be referred to the administrator and/or director of nursing services.

## **Complaints and Grievances**

### **Policy:**

It is the policy of this facility to assist residents, their representative (sponsor), other interested family members, or advocates in filing grievances or complaints which such requests are made.

### **Policy Interpretation and Implementation:**

- Any resident, his or her representative (sponsor), family member, or advocate, may file a grievance or complaint concerning his or her treatment, medical care, behavior of other residents, staff members, theft of property, etc., without fear of threat or reprisal in any form.
- All residents are members of the Resident Council and are encouraged to attend the meetings.
- A copy of the complaint procedure will be given to all residents and their representative (sponsor) on admission and upon request.
- Any inquiries concerning this procedure may be directed to the director of social services, director of nursing services and/or the administrator.
- A copy of the Complaint Procedure is posted in the main lobby area and throughout the building.

### **Closed Circuit Cameras**

#### **Purpose:**

- Meadow Brook Medical Care Facility uses closed circuit cameras in hallways, employee work areas, outside areas, etc. to monitor the safety and well being of our staff and residents.
- The use of video cameras in patient rooms will only be permitted in accordance with State Law governing the use of such equipment. Inquiries concerning the use of closed circuit cameras should be referred to the Administrator.

### **Resident Photographs Policy**

#### **Policy:**

Taking photographs and / or videos of residents or their personal belongings without consent is a violation of residents' rights to privacy and confidentiality.

#### **Policy Explanation and Compliance Guidance:**

1. All photographs or videos of resident will only be taken by an employee having written authorization from the resident or residents authorized person.
2. Photographs taken by this facility will be used for the purposes of resident identification only.
3. A photograph or video by a current employee or past employee taken without the written permission of the resident / resident's representative will be considered resident abuse.
4. No current or past employees will post pictures, videos, comments, etc., on social media of any kind that pertains to anyone within the facility. Doing so may result in

immediate termination of employment or litigation.

5. All staff are required to adhere to this policy.
6. Upon discharge of the resident, the photograph will become property of the facility for medical record purposes.
7. See the **Resident Permission Form** which addresses resident photography that is signed upon admission.

### **Use of Cell Phones, Camera Phones, Cameras, Video Cameras and Emergency Response Scanners**

To: Resident, Family, Responsible Party

It is the policy of Meadow Brook Medical Care Facility to limit the use of personal cell phones, camera phones, cameras, video cameras, similar recording devices, and emergency response scanners within resident areas of the facility.

At Meadow Brook, we strive to promote enjoyable family experiences and a home environment and at the same time, protect our resident's right to privacy and clinical well being.

The use of cell phones, emergency response scanners, and other such devices in resident areas can alarm or disrupt residents and may potentially interfere with resident monitoring equipment. We, therefore, ask that use of these devices be limited to non-resident areas such as the Front Lobby area or on the grounds outside the building.

Our resident's right to privacy is reinforced with HIPAA regulations. In essence, any resident identifiable information (and this would include photographs of residents) can only be disclosed with consent or authorization from the resident or their legal representative. We ask that you keep the following in mind as you use cameras and other photographic devices to take photos within the facility.

- Take photos only of your own family members who are residents and only with their permission.
- In general, photos that include other residents should not be taken. Prior to taking any photos that include other residents, remember that the resident or their legal representative must authorize this in writing. Thus, you will need to check with the nurse to assure that permission is obtained first.
- Be especially mindful of this at facility events (for example, holiday dinners, and events), when residents are gathered in groups.

With a few extra precautions taken, we want you to enjoy special memories with your loved and still respect our resident's right to privacy. Please feel free to contact the Corporate

Compliance Officer at 231-533-8661 at ext 143 or the Administrator at ext 116 with any questions you may have.

## **Confidentiality of Information**

### **Policy:**

It is the policy of this facility to treat all resident information on a confidential basis.

### **Policy Interpretation and Implementation:**

- Access to resident medical records is limited to the staff and consultants providing services to the resident. (**Note:** Representatives of state and federal regulatory agencies have access to resident information without the resident's consent.)
- Resident records, whether medical, financial, or social in nature, are safeguarded to protect the confidentiality of the information. Only those personnel concerned with the fiscal affairs of the resident will have access to financial data.
- Residents may initiate a request to release such information contained in their records and charts to anyone they wish. Such requests will be honored only upon the receipt of a written, signed and dated request from the resident or representative (sponsor).
- Should the resident be transferred to another facility, medical information pertaining to the resident's plan of care, diagnosis, etc. will be released to such facility in accordance with current transfer/discharge regulations.

## **Release of Information**

### **Policy:**

It is the policy of this facility to maintain the confidentiality of the resident's personal and clinical records, as deemed by state and federal laws.

### **Policy Interpretation and Implementation:**

- Release of resident information will be governed by the principle that the facility's first concern is for the protection of the rights of the resident.
- Each resident is assured confidential treatment of his or her personal and medical records, and may approve or refuse their release to any individual outside the facility, except in case of a transfer to another health care institution, or as required by law or third-party payment contract.
- Access to the resident's medical records are limited to the staff and consultants providing service to the resident. (**Note:** Representatives of state and federal regulatory agencies have access to resident information.)
- Residents' records, whether medical, financial, or social in nature, are safeguarded to protect the confidentiality of the information. Only those personnel concerned with the fiscal affairs of the resident will have access to financial data.

- Residents may initiate a request to release such information contained in their records and charts to anyone they wish. Such requests will be honored only upon the receipt of a written, signed, and dated request from the resident or representative (sponsor).
- At least twenty-four (24) hours advance notice must be provided to the facility when photocopies of the resident's records are requested. (**Note:** The twenty-four (24) hour notice excludes holidays and weekends.)
- Medical records are maintained in the medical records department and are available only to authorized personnel. Authorized personnel include, but are not necessarily limited to:
  - a) Nursing personnel
  - b) Physicians;
  - c) Consultants;
  - d) Support Services (i.e., dietary, activities, social, etc.);
  - e) Administrator
  - f) Government agencies; and/or
  - g) Resident/representative (sponsor).

### **Health and Medical Condition**

#### **Policy:**

It is the policy of this facility that the resident be informed of their total health status, including but not limited to, his or her medical condition.

#### **Policy Interpretation and Implementation:**

- Each resident admitted to our facility will be informed of his/her total health status and medical condition prior to or upon admission.
- The resident's attending physician will be responsible for informing the resident of his or her medical condition. Should the attending physician fail to inform the resident of his or her medical condition, the medical director or director of nursing services may inform the resident of his or her medical condition. Such information must include, but is not limited to, the resident's:
  - a) Functional status;
  - b) Medical care;
  - c) Nursing care;
  - d) Rehabilitation and restorative potential;
  - e) Activities potential;
  - f) Cognitive status;
  - g) Oral health status;
  - h) Psychosocial status; and
  - i) Sensory and physical impairments;
  - j) Discharge Planning;
  - k) Dietary needs.

- The medical director and/or the director of nursing services will be responsible for notifying the resident's attending physician of this requirement and his or her responsibility in providing documentation that such information was discussed with the resident and/or the resident's representative (sponsor).
- The resident will be involved in his or her assessment and interdisciplinary team (IDT) process, including the discussion of his or diagnoses, treatment options, risks, and prognosis. These discussions will be conducted in a language that the resident understands and the resident will be allowed to make choices about his or her care based upon the information provided. Each nursing home resident shall be afforded the opportunity to discharge himself or herself from the nursing home.
- If a nursing home resident desires treatment by a licensed member of the healing arts, the treatment shall be made available unless it is medically contraindicated, and the medical contraindication is justified in the patient's medical record by the attending physician or a physician's assistant to whom the physician has delegated the performance of medical care services.
- A resident is entitled to know who is responsible for and who is providing his or her direct care, is entitled to receive information concerning his or her continuing health needs and alternatives for meeting those needs, and to be involved in his or her discharge planning if appropriate.
- Each nursing home patient shall be provided with meals that meet the recommended dietary allowances for that patient's age and sex and that may be modified according to special dietary needs or ability to chew.
- The resident's representative (sponsor) may request that the medical condition of the resident not be revealed to the resident. The attending physician must approve such request and record the reasons for informing the resident of his or her medical condition.
- Should the attending physician determine that the resident is medically incapable of understanding his/her medical condition, the resident's representative (sponsor) will be informed of the resident's medical condition and be asked to participate in the development of the resident's plan of care. (**Note:** The physician must document in the resident's medical record the reason(s) for not informing the resident of his/her medical condition).

### **Change in a Resident's Condition or Status**

#### **Policy:**

It is the policy of this facility, that except in medical emergencies, to notify the resident, his or her attending physician, and representative (sponsor) of changes in the resident's condition and/or status.

#### **Policy Interpretation and Implementation:**

- Nursing services will notify the resident's attending physician when:
  - a) The resident is involved in any accident or incident;

- b) There is a significant change in the resident's physical, mental or emotional status;
  - c) The resident refuses treatment or medications;
  - d) The resident is discharged without proper medical authority; and/or when
  - e) Deemed necessary or appropriate in the best interest of the resident.
- Nursing services will notify the resident, his/her next-of-kin, or representative (sponsor), as each case may apply, when:
    - a) The resident is involved in any accident or incident which results in injury;
    - b) There is a significant change in the resident's physical, mental or psychosocial status;
    - c) There is a need to alter the resident's treatment significantly;
    - d) There is a change in the resident's room assignment;
    - e) A decision has been made to discharge the resident from the facility; and/or when
    - f) It is necessary to transfer the resident to a hospital.
  - Administration will notify the resident, his/her next-of-kin, or representative (sponsor), as each case may apply when:
    - a) There is a change in the resident's billing;
    - b) There is a change in resident's rights under federal or state law or regulations; and/or when;
    - c) There is a change in the rules of the facility that affects the rights or responsibilities of the resident.
  - Except in medical emergencies, notifications will be made within twenty-four (24) hours.
  - All changes in the resident's medical condition will be recorded in the resident's medical record in accordance with our charting and documentation policies and procedures.
  - Administration will verify the address and telephone number of the resident's next-of-kin or representative (sponsor) on a periodic base.
  - Changes occurring in such information will be provided to nursing services on the day such information is obtained.

### **Refusal of Treatment**

#### **Policy:**

It is the policy of this facility to honor a resident's request **not** to receive medical treatment as prescribed by his or her physician, as well as care routines outlined on the resident's assessment and plan of care.

#### **Policy Interpretation and Implementation:**

- Residents are not forced to accept any medical treatment and may refuse specific treatment even though it is prescribed by a physician.
- Should the resident refuse to accept treatment, detailed information relating to the refusal must be entered into the resident's medical record. The attending physician must be notified of such refusal without delay.

- The resident and/or representative (sponsor) will be informed of the medical consequences of the refusal of prescribed treatment and that continued refusal may result in discharge of the resident.

## **Pain and Symptom Management**

### **Policy:**

It is the policy of this facility to assess, treat and manage signs and symptoms of pain.

### **Policy Interpretation and Implementation:**

- All residents are entitled to adequate and appropriate pain and symptom management as a basic and essential element of medical treatment.
- All residents will be assessed on a routine frequent basis as outlined in facility policy.

## **Restraints**

### **Policy:**

It is the policy of this facility that physical and / or chemical restraints only be used for the safety and well-being of the resident(s).

### **Policy Interpretation and Implementation:**

- Medications including psychotropic meds, will not be used to limit or control resident behavior for the convenience of the staff.
- Physical restraints include the use of such devices as side rails, belts, wrist or ankle cuffs, blanket restraints, bed nets, and prolonged confinement to a geriatric chair.
- Physical restraints shall not be used to limit resident mobility for the convenience of the staff. If a resident's behavior is such that it will result in injury to him/her self or others and any form of physical restraint is utilized, it shall be in conjunction with a treatment procedure designed to modify the behavioral problems for which the resident is restrained for, as a last resort, after failure of attempted therapy.
- Our written policies and procedures governing the use of restraints specify which staff member may authorize the use of restraints and clearly delineate the following:
  - a) Orders indicate the specific reason, type, and period of time for the use of restraints.
  - b) Their use is temporary, and the resident will not be restrained for an indefinite amount of time.
  - c) Orders for restraints will not be enforced for longer than twelve (12) hours, unless resident's condition requires continued treatment.
  - d) A resident placed in a restraint will be checked at least every two (2) hours by nursing personnel and an account of the resident's condition shall be recorded in the resident's medical record.

- e) Reorders are issued **only** after review of the resident's condition by his/her physician.
  - f) Their use is not employed as punishment, for the convenience of the staff, or as a substitute for supervision.
  - g) Mechanical restraints avoid physical injury to the resident and provide a minimum of discomfort.
- The opportunity for motion and exercise is provided at least every 2 hours.
  - Restraints are of the type that can be easily removed should it become necessary to evacuate or move the resident.
  - Restraints, if used, must be the least restrictive alternative for the least amount of time with on-going re-evaluation of the need for restraints.
  - Inquiries concerning the use of restraints should be referred to the social services, and/or the director of nursing services.

### **Resident Assessment (M.D.S.)**

#### **Policy:**

It is the policy of this facility that a comprehensive assessment of a resident's needs be made within fourteen (14) days of the resident's admission.

#### **Policy Interpretation and Implementation:**

- Within fourteen (14) days of the resident's admission, a comprehensive assessment of the resident's needs will be made by the care plan team.
- The purpose of the assessment is to describe the resident's capability to perform daily life functions and significant impairments in functional capacity.
- The comprehensive assessment will include, as a minimum:
  - a) Activities potential (the resident's ability and desire to take part in activity pursuits which maintain or improve, physical, mental, and psychosocial well-being. Includes activities which provide benefits in the areas of self-esteem, pleasure, comfort, health education, creativity, success, financial, emotional independence, and the resident's normal everyday routines and lifetime preferences);
  - b) Cognitive status (the resident's ability to problem solve, decide, remember, and be aware of and respond to safety hazards);
  - c) Dental condition (the condition of the teeth, gums, and other structures of the oral cavity that may affect a resident's nutritional status, communications abilities, quality of life, the need for, and use of, dentures or other dental appliances);
  - d) Discharge potential (the expectation of discharging the resident from the facility within the next three months);
  - e) Drug reconciliation (all prescription and over-the-counter medications taken by the resident, including dosage and frequency of administration).
  - f) Functional status (ability to perform activities of daily living including bathing, dressing and grooming, transferring and ambulating, toilet use, eating, and using

- speech, language, and other communication systems. Includes determining the resident's need for staff assistance and assistive devices or equipment to maintain or improve functional abilities);
- g) Medically defined condition and prior medical history (medical history before entering the facility and current medical diagnoses, including any history of intellectual disability and current mental illness);
  - h) Medical status measurement (functional physical and mental abilities including, but not limited to, information on vital signs, clinical laboratory values, or diagnostic tests);
  - i) Nutritional status and requirements (weight, height, gender, hematological and biochemical assessments, clinical observations of nutrition, nutritional intake, resident eating habits and preferences, and dietary restrictions);
  - j) Psychosocial status (the resident's ability to deal with life, interpersonal relationships and goals, and indicators of resident behavior);
  - k) Pain Management (assessment of resident's pain, medication regimen and other treatment modalities attempted);
  - l) Rehabilitation potential (the ability to improve independence in functional status through restorative care programs);
  - m) Sensory and physical impairments (neurological or muscular deficits such as a decrease in vision and hearing, paralysis, and bladder incontinence);
  - n) Special treatments or procedures (treatment and procedures that are not part of basic services provided to independent residents such as treatment for pressure sores, naso-gastric feedings, specialized rehabilitation services, and respiratory care);

## **Plan of Care**

### **Policy:**

It is the policy of this facility that a plan of care be developed and maintained for each resident.

### **Policy Interpretation and Implementation:**

- A written comprehensive plan of care is developed within fourteen (14) days of the resident's admission and is coordinated by the Interdisciplinary Team (IDT).
- The plan of care is a working tool that provides a profile of the needs personal and cultural preferences in developing goals of care for the individual resident, identifies the role of each service in meeting these needs, and the supportive measures each service will use to complement each other in accomplishing the overall goal of care.
- The resident and / or representative (sponsor) are encouraged to participate in the development of the care plan to ensure that the resident has a choice in determining when and how his or her care will be provided.
- The plan of care shall be reviewed as necessary, but at least quarterly. The resident and / or representative will be informed of the review date and encouraged to participate in the review.

- Residents, and / or their representative (sponsor) will be encouraged to participate in the initial, quarterly, and annual assessments. The facility will notify the resident, and/or sponsor in advance of the scheduled assessment or review.
- The resident has the right to be fully informed in language that he or she can understand of his or her total health status.
- The resident has the right to participate in the planning process and the right to see the care plan, including the right to sign after each review of the plan of care.
- The resident has the right to be informed in advance, of the care furnished and the discipline that will furnish care, and the right to be informed in advance of the risks and benefits of proposed care, of treatment options and to choose alternative or option he or she prefers.

### **Discharge Planning Process**

#### **Policy:**

It is the policy of this facility to develop and implement an effective discharge planning process that focuses on the resident's discharge goals, the preparation of residents to be active partners and effectively transition them to post-discharge care, and the reduction of factors leading to preventable readmissions.

#### **Procedure:**

1. The facility will support each resident in the exercise of his or her right to participate in his or her care and treatment, including planning for discharge.
2. The facility will determine the resident's expected goals and outcomes regarding discharge upon admission, routinely in accordance with the MDS assessment cycle, and as needed.
3. If discharge to community is determined to not be feasible, the facility will document in the clinical record who made the determination and why.
4. If discharge to a community is a goal, an active discharge plan will be implemented and will involve the interdisciplinary team, including the resident and / or representative.
5. An active discharge plan will address, at a minimum:
  - a. Identified needs, such as medical, nursing equipment, educational, or psychosocial needs.
  - b. Caregiver / support person availability and the resident's or caregiver's / support person's capacity and capability to perform required care.
  - c. Resident's goals of care and treatment preferences.
6. The ongoing process of developing the discharge plan will include a regular re-evaluation of the resident to identify changes that require modification of the discharge plan, and updating of the discharge plan, as needed, to reflect the modifications.
7. The facility will document any referrals to local contact agencies or other appropriate entities made for the purpose of the resident's interest in returning to the community.
8. The facility will update a resident's comprehensive care plan and discharge plan, as appropriate, in response to information received from referrals to local contact agencies or other appropriate agencies.

9. The facility will assist resident and their resident representative in selecting a post-acute provider (i.e. another SNF, HHA, IRF, or LTCH), if applicable, by using standardized patient assessment data, data on quality measures, and data on resource use to the extent the data is available. The facility will ensure that the data used is relevant and applicable to the resident's goals of care and treatment preferences.
10. The evaluation of the resident's discharge needs and discharge plan will be completely documented on a timely basis in the clinical record.
11. The results of the evaluation and the final discharge plan will be discussed with the resident or resident's representative. All relevant information will be provided in a discharge summary to avoid unnecessary delays in the resident's discharge or transfer, and to assist the resident in adjustment to his or her new living environment.
12. Education needs, as identified in the discharge plan, will be provided to the resident and / or family member prior to discharge.

### **Self-administering of Drugs**

#### **Policy:**

It is the policy of this facility to permit residents to self-administer their drugs and medications unless such practice for the resident is deemed unsafe.

#### **Policy Interpretation and Implementation:**

- The interdisciplinary team (IDT) team will assess each resident's mental, physical, and visual ability to determine if the resident is capable of self-administration of drugs and medications.
- Should the interdisciplinary team (IDT) team determine that the resident is unable to carry out this responsibility (because it would be dangerous to him/herself, or to others), the resident will not be permitted to self-administer his or her drugs or medications.
- Should the interdisciplinary team (IDT) team determine that the resident is able to carry out this responsibility, the team will ask the resident, during his or her assessment conference, if he or she would prefer to administer his or her own drugs and medications.
- Should the resident wish to self-administer his or her own drugs or medications, the resident will be permitted to do so. Drugs and medications must be stored in a safe and secure place designated by the director of nursing services.
- Appropriate documentation as to whether or not the resident made a choice about self-administration of drugs will be filed in the resident's medical record.
- Inquiries concerning self-administration of drugs should be referred to the director of nursing or social services.

## **Available Services**

### **Policy:**

It is the policy of this facility to make available a written copy to each resident, and explain as necessary, a list of the kinds of services and articles provided by the facility.

### **Policy Interpretation and Implementation:**

Upon the initial inquiry, or the pre-admission interview, a list of the kinds of services available and the charge for each is provided to and orally reviewed with the resident or representative (sponsor).

- The list identifies nursing care, professional services, and supplies as well as recreation and personal care services and items.
- Charges for all services and supplies not included in our facility's basic per diem rate are identified.
- Items covered under Medicare and/or Medicaid are also indicated, as well as all items that will be charged directly to the resident.
- Residents will be informed of any change(s) in the cost or availability of services at least thirty (30) days prior to such change taking effect.

## **Covered Services**

### **Policy:**

It is the policy of this facility that the business office provide residents with a listing of the kinds of services and articles provided by our facility that are included in the basic per diem rate.

### **Policy Interpretation and Implementation:**

- Our basic per diem rate (daily room and board covered (paid) by Medicare / Medicaid insurance programs) include:
  - a) Routine nursing care and supervision;
  - b) Special diets ordered by the physician;
  - c) Activity and recreational programs;
  - d) Food and lodging;
  - e) Routine maintenance drugs (i.e., aspirin, laxatives, etc.) used for the general administration to all residents; and
  - f) Laundry of bed linens, sheets, towels, pillowcases, and personal items;
  - g) Oral care.
- Costs of these services are reflected on the admission agreement and are reviewed with and explained to the resident prior to or upon admission.

## **Non-Covered Services**

### **Policy:**

It is the policy of this facility to provide, explain, and review charges for all services not covered by this facility's basic per diem rate.

### **Policy Interpretation and Implementation:**

- Charges for non-covered services are reflected on the admission agreement and are reviewed with and explained to the resident prior to or upon admission.
- Inquiries concerning the availability and charges for items and services offered by the facility should be referred to the administrator, business office, and/or the social services department.

## **Recreational Services**

### **Policy:**

It is the policy of this facility that all residents have a right to choose the types of activity and events in which they wish to participate.

### **Policy Interpretation and Implementation:**

- Residents are encouraged to choose the types of activities and social events in which he or she prefers to participate in.
- When developing the resident's activity and social care plan, the resident is given an opportunity to choose, when, where, and how he or she will participate in activities and social events. Activities, social events, and schedules are developed in conjunction with the resident's interests, assessment, and plan of care.
- Residents who wish to meet with or participate in the activities of social, religious, and other community groups, at or away from the facility, are encouraged to do so.
- Should a resident be considered medically or mentally incompetent, or physically unable to participate in such programs, an entry will be made in the resident's medical record (chart) stating fully the reason(s) for the restriction(s). Such an entry will be signed and dated by the person recording such data.
- Residents are encouraged to participate in community events. However, it is not our policy to assign staff members to accompany residents who desire to attend community events outside the facility on a one-to-one basis, nor assume responsibility for the safety or well-being of residents attending functions outside the facility alone or in the company of a member of his/her family or friends.
- Daily activities, including weekends and holidays, are provided, as well as scheduled religious and social activities. However, residents are free to choose whether or not they wish to attend any activity or other scheduled event(s).

## **Billings**

### **Policy:**

It is the policy of this facility that all residents receive an itemized statement for services rendered during the billing cycle.

### **Policy Interpretation and Implementation:**

- Residents are billed on a monthly basis. Statements include itemized charges for:
  - a) Regular room and board (private pay residents);
  - b) Medical supplies not covered in the basic per diem rate;
  - c) Services requested by the resident that are not covered in the basic per diem rate;
  - d) Medications; and
  - e) Other personal services requested by the resident that are non-covered items or services (i.e., barber/beauty shop, cosmetics, etc.).
- Charges for non-covered items provided by outside services will be billed directly to the resident or representative (sponsor), government agencies, etc., as the case may be. (**Note:** If billings made by the outside suppliers are considered excessive, the resident should contact the administrator. An investigation will be conducted, and a report will be provided to the resident or representative (sponsor).
- Any change affecting the resident's billing will be provided to the resident or representative (sponsor), in writing, at least thirty (30) days prior to the change(s) becoming effective.

## **Deposits (Advance Payments)**

### **Policy:**

It is the policy of this facility that residents make advance payments for their portion of the monthly billing.

### **Policy Interpretation and Implementation:**

- The resident's portion of the monthly billing must be paid upon admission and by the 10<sup>th</sup> of each month.
- Upon admission, the resident, or individual who has control of the resident's resources, will be required to deposit such funds with the facility.
- Should there be doubts about the eligibility of the resident to receive Medicare / Medicaid benefits, the facility reserves the right to require one (1) month's room and board.

## **Payments**

### **Policy:**

It is the policy of this facility that residents (or sponsors) make timely payments for services rendered.

### **Policy Interpretation and Implementation:**

- The resident or legal representative is responsible for payment of their monthly charges on a timely basis. Statements not paid by the 10<sup>th</sup> of each month will be considered delinquent and may be grounds for discharging the resident.
- Payment may be made by:
  - a) The resident;
  - b) The representative (sponsor) (as indicated on the admission agreement);
  - c) The individual who has control/access to the resident's funds.
- Individuals who may have control of the resident's funds will be held responsible for payment of the resident's account. Failure to do so may result in the discharge of the resident and/or other legal action.
- Inquiries concerning payment should be referred to the finance director, and/or the billing office.

## **Management of Financial Affairs**

### **Policy:**

It is the policy of this facility to encourage residents to participate in the management of their financial affairs.

### **Policy Interpretation and Implementation:**

- The resident will not be denied the right or the privilege of managing his or her own financial affairs and, in fact, shall be encouraged to do so.
- Should the resident elect to have the facility manage his or her funds, it must be authorized in writing by the resident or his or her representative (sponsor), and such authorizations must be filed in the resident's business record.
- Policies governing resident trust funds are provided on admission to the resident and/or representative. Copies available upon request.
- Inquiries regarding the policy and procedures should be referred to the administrator, the business office or social services.

## **Medicare and Medicaid Benefits**

### **Policy:**

It is the policy of this facility to make available to residents information about Medicare and/or Medicaid benefits.

### **Policy Interpretation and Implementation:**

- Prior to, or upon admission, residents will be provided with information on how to apply for and use Medicare and Medicaid benefits.
- Written information about how to apply for and use Medicare and Medicaid benefits is available in the lobby in the Public Health Code – For Inspections Annual Survey Results binder. Copies may be obtained from the business office.
- Inquiries concerning Medicare and Medicaid eligibility requirements should be referred to the business office, and/or to the social services department.

### **Refunds**

#### **Policy:**

It is the policy of this facility that any monies or valuables belonging to the resident be refunded within the time frames established by this policy or in accordance with current federal and/or state law.

### **Policy Interpretation and Implementation:**

- Upon the discharge of a resident, all money and valuables belonging to the resident will be surrendered to the resident or representative (sponsor) in exchange for a signed receipt.
- Monies in a trust account shall be made available to the resident or representative (sponsor) upon request.
- Within three (3) working days following the death of a resident, except in a coroner or medical examiner's case, all money and valuables of that resident will be surrendered to the representative (sponsor) or to the executor or administrator of the estate in exchange for a signed receipt.
- Whenever a resident without known relatives dies, written notice will be made to the County Probate Court (within five (5) working days after such death), and a copy of such notice will be retained by this facility.
- Monies left for room and board will be refunded to the person within ten (10) working days after the receipt of such funds from Medicare/Medicaid.
- Inquiries concerning refunds should be referred to the finance director.

### **Resident Funds**

#### **Policy:**

- Upon written authorization, the Facility shall make available to any patient services for the holding and accounting of personal funds.
- The patient has the right to designate, in writing, another person to manage his or her personal funds or to apply to the Social Security Administration to have a

representative payee designated for purposes of Federal or State benefits to which he or she may be entitled.

- The patient is under no obligation to deposit personal funds with the Facility, and has the right to receive, retain, and manage his or her personal funds, or to have this done by his or her legal guardian, if any.

### **Procedures:**

- On admission, the patient, the patient's guardian, and designated representative are to be given a copy of "Patient Personal Funds Policy and Procedure" which provides a detailed explanation of patient trust funds.
- If the patient wishes the Facility to hold any funds for his / her personal use, written authorization and written designation of person(s) authorized to make withdrawals, if other than the patient or patient's guardian, are to be obtained.

### **Trust Account Management:**

- All monies received for the patient and designated for personal use at Meadow Brook are to be held in a bank account established for the benefit of the patient, as follows:
- All monies will be placed in an interest-bearing account which also contains the monies of other patients.
- Earned interest will be prorated to each patient on the basis of her or her end-of-month balance. Each account held will be identified by the name of the bank and account number which it is held.
- NOTE: It is requested that monies designated for personal use not be included with payments made for personal care.
- The accounts payable office is responsible for maintaining a detailed ledger for each patient's trust account. This information is to be on file in the accounts payable office and available for inspection by patient, patient's guardian or designated representative.
- A detailed accounting of all patient's trust account activity is to be provided to the patient, patient's guardian or designated representative, at a minimum, on a quarterly basis.
- Disbursements from the patient's personal funds may be made only under the written direction of the patient, patient's guardian or designated representative.
- Withdrawals of patient personal funds may be made from the accounts payable office daily.
- Each weekday, patient's guardians and designated representative may withdraw patient's personal funds or obtain information about their accounts. Every effort will be made by Meadow Brook staff to provide reasonable, timely access to funds and information to meet the patient's needs.
- Upon expiration of patient:
  - a. A written accounting of the patient's personal belongings and funds will be provided:
    1. To the executor or administrator of the patient's estate or

2. To the patient's next of kin, the patient's representative, and the Clerk of the Probate Court of the County in which the patient dies, if there is no known administrator.

NOTE: This accounting is to be made within three (3) business days of the patient's death.

- a. At the same time, or as soon as all outstanding charges are known, a final billing will be prepared deducting the amount of the patient's trust account including accumulated interest and charges, if any. A proof of claim form (available from the Probate Court) and an explanatory cover letter describing these actions will also be prepared.

The final billing, the proof of claim form, the cover letter, and a check for the remaining patient funds will be distributed as follows:

1. If there is an administrator of the estate, send the final accounting and a check for the remaining trust funds payable to the estate of the patient to the administrator.
  2. If there is no administrator, the family member / responsible party must file at the Probate Court. The Probate Court will mail approval to receive trust fund to the family member / responsible party. The family member / responsible party can bring or mail approval to the accounts payable office and a check for the trust funds will be disbursed.
- b. In all instances, a complete copy of all materials must be maintained with the patient's records.

### **Protection of Resident Funds:**

The resident has the right to manage his / her financial affair, and the facility may not require residents to deposit their personal funds with the facility.

### **Management of Personal Funds:**

Upon written authorization of a resident, the facility must hold, safeguard, manage, and account for the personal funds of the resident deposited with the facility.

### **Deposit of Funds:**

1. *Funds in excess of \$50.* The facility must deposit any resident's personal funds in excess of \$50 in an interest-bearing account(s) that is separate from any of the facility's operating accounts, and that credits all interest earned on resident's funds to that account. (In pooled accounts, there must be separate accounting for each resident's share).

2. *Funds less than \$50.* The facility must maintain a resident's personal funds that do not exceed \$50 in a non-interest-bearing account, interest-bearing account, or petty cash fund.

## **Background Investigations**

### **Policy:**

It is the policy of this facility to conduct personal reference checks on all personnel making application for employment with this facility.

### **Policy Interpretation and Implementation:**

- In keeping with the Omnibus Budget Reconciliation Act of 1987 (OBRA), the Human Resources staff will conduct background and fingerprint checks on all employees making application for employment with this facility.
- Persons making application for employment will be informed of this policy and be required to sign a release giving the facility the right to conduct such investigations.
- Should the background investigation disclose any misrepresentation on the application form or information indicating that the individual has been convicted of abuse, neglect, mistreatment of individuals, and/or theft of property, the applicant will not be employed, or, if already employed, be terminated.
- Applicants refused employment will be provided with the name of the agency providing the information resulting in facility's decision not to hire the applicant.
- Prior convictions of other offenses may not necessarily disqualify an applicant from employment with our facility. Serious consideration will be given to the position applied for, the seriousness of the offense, and how recently the offense was committed.
- Inquiries concerning background investigation should be referred to the Human Resources department and / or Administrator.

## **Examination of Survey Results**

### **Policy:**

It is the policy of this facility that our survey reports and plans of correction be accessible to the resident and to the public.

### **Policy Interpretation and Implementation:**

- A copy of our facility's most recent survey report (statement of deficiencies) is available 24 hours a day in the front lobby (Public Health Code – For Inspection Annual Survey Results Binder). A second copy is posted at the bulletin board in the administrative area.

- In addition to the survey report, a copy of our plan for correcting identified problems is attached to the report. A copy of the survey report is available on the website <https://www.medicare.gov/nursinghomecompare>
- Residents may contact the state health department, Medicare or Medicaid, ombudsman, etc., for information concerning the operation of our facility. Names and addresses of individuals to contact are posted on the facility's bulletin board.
- Residents may not remove reports from the bulletin board. However, residents will be permitted to make a copy of the report. A charge will be made for each copy.
- Inquiries concerning the examination of survey results should be referred to the Administrator.

## **Experimental Research**

### **Policy:**

It is the policy of this facility that any resident being considered for participation in experimental research be fully informed of such experiment and that the resident's written consent be received prior to such participation.

### **Policy Interpretation and Implementation:**

- Residents may refuse to participate in any experimental research without fear or reprisal in any form.
- Any resident being considered for participation in experimental research must be fully informed, by the service performing the experiment, of the nature of the experiment (i.e., medication, treatment, etc.), and the resident must fully understand the possible consequences of participating or not participating.
- Written consent must be received from the resident and his or her representative (sponsor) prior to participation in experimental research.
- A copy of the signed consent must be filed in the resident's medical record.
- Inquires concerning the experimental research should be referred to the administrator and/or the director of nursing services.

## **Mail**

### **Policy:**

It is the policy of this facility that residents communicate privately with persons of their choice, and may send and receive their personal mail unopened, unless such actions are medically contraindicated and so documented in the resident's medical record.

### **Policy Interpretation and Implementation:**

- Mail will be delivered to the resident unopened unless medically contraindicated by the attending physician and such information shall be properly documented in the resident's medical record. (**Note:** In the case of an intellectual disability, the

intellectual disability authority Professional may be called upon to document restrictions concerning receipt of mail by these residents.) Staff members may not open mail for the resident unless the resident requests for them to do so. Such requests should be indicated on the resident's plan of care. Mail will not be given to members of the resident's family unless authority is obtained from the resident (or in the case of a resident adjudicated incompetent or intellectual disability, from the representative (sponsor).

- The Household Coordinator and/or social service departments will secure assistance from volunteer workers to read mail, write letters, or send mail for residents requesting such service. An entry will be placed in each individual resident's record indicating the time, date, and to whom such a request was made.
- Mail will be delivered to the resident within twenty-four (24) hours of arrival in the facility, and the resident's out-going mail will be delivered to the postal service within twenty-four (24) hours, except on weekend and holidays.
- The Household Coordinator and/or Social Service department will assist residents in obtaining stationery, postage, and writing implements. (**Note:** The cost of such supplies must be paid by the resident.)

## **Personal Property**

### **Policy:**

It is the policy of this facility to permit residents to keep personal clothing and possessions for their use while in the facility.

### **Policy Interpretation and Implementation:**

- Residents are permitted to keep **reasonable** amounts of personal clothing and possessions for their use while in the facility, and such personal clothing is kept in a safe location which is convenient to the resident.
- Residents are advised, prior to or at admission, of the kinds and amounts of clothing and possessions permitted for personal use.
- Any personal clothing or possessions retained by the facility for the resident during his/her stay is identified and recorded when the resident is admitted, and a receipt is given to the resident.

## **Telephones**

### **Policy:**

It is the policy of this facility that residents have access to telephone services.

### **Policy Interpretation and Implementation:**

- Telephones are available to residents to make and receive private telephone calls.

- Telephones are in an area that offers privacy, and telephones accommodate the hearing impaired and wheelchair-bound residents. Residents are responsible for long-distance charges.
- The resident will be given telephone messages when he or she is unable to take incoming calls.
- Residents who need, and/or request help in getting to or using the telephone, will be provided with such assistance.
- Private lines may be installed in the resident's room. All expenses relating to the installation, billing, etc. must be billed to the resident or representative (sponsor). The facility will not be responsible for paying for private telephone lines.
- Inquiries concerning the installing of room telephones should be referred to the Director of IT and or the Administrator.

## **Visitation**

### **Policy:**

It is the policy of this facility that residents be permitted to maintain visitation privileges in accordance with current federal and state laws. The resident has the right and the facility shall provide immediate access to any resident for the following:

- i. Any representative of the Secretary;
- ii. Any representative of the State;
- iii. The resident's individual physician;
- iv. The State Long Term Care Ombudsman;
- v. The agency responsible for the protection and advocacy system for the intellectually disabled individuals;
- vi. The agency is responsible for the protection and advocacy systems for the mentally ill individuals;
- vii. Subject to the reasonable restrictions and the resident's right to deny or withdraw consent at any time, any entity or individual that provides health, social, legal, or other services of the resident;
- viii. Subject to the resident's right to deny or withdraw consent at any time, immediate family or other relatives of the resident; and
- ix. Subject to reasonable restrictions and the resident's right to deny or withdraw consent at any time, others who are visiting with the consent of the resident.

### **Policy Explanation and Compliance Guidelines:**

1. The facility shall permit residents to talk with the following persons and / or agencies: surveyors, any representative of the Secretary, any representative of the State, the resident's individual physician, the State Long Term Care Ombudsman, the agency responsible for the protection and advocacy system for the intellectually disabled individuals, the agency responsible for the protection and advocacy system for mentally ill individuals, any entity or individual that provides health, social, legal,

or other services to the resident, \* immediate family or other relatives of the resident, or others who are visiting with the consent of the resident.

2. The following are not subject to visiting hour limitations or other restrictions not imposed by the resident: representative of the Secretary, representatives of the State, the resident's individual physician, the State Long Term Care Ombudsman, representatives of the agency responsible for the protection and advocacy system for the intellectually disabled individuals, representatives of the agency responsible for the protections and advocacy system for mentally ill individuals, and \* immediate family or other relatives of the resident.
3. Facilities shall provide 24-hour access to other non-relative visitors who are visiting with the consent of the resident. These other visitors are subject to reasonable restrictions, which may include:
  - a. Those restrictions imposed by the facility that protect the security of all the facility's residents, such as keeping the facility locked at night;
  - b. Denying access or providing limited supervised access to a visitor if that individual has been found to be abusing, exploiting, or coercing a resident;
  - c. Denying access to a visitor who has been found to have been committing criminal acts such as theft;
  - d. Denying access to visitors who are inebriated and disruptive; and
  - e. 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.
  - f. Changing the location of visits to assist care giving or protect the privacy of other resident, if these visitation rights infringe upon the rights of other resident in the facility.

\*\* Immediate Family members or other relatives of the resident may be denied or have limited visitation privileges in the event that the family member(s) have been found:

- a. Abusing, exploiting, or coercing a resident(s);
- b. Be inebriated, threatening or disruptive;
- c. Been found to have been committing criminal acts such as theft.

4. Married couples and / or established significant others are entitled to meet privately in a room that assures privacy.
5. All inquiries concerning visitation and access to the facility should be referred to the Administrator, Director of Nursing or Social Services.

## Electronic Devices

### Policy:

Intent: To assure resident safety and comply with State and Federal Life Safety Codes.

### Procedure:

1. All devices must be inspected prior to entering the resident room. Please contact Director of Maintenance at **231-533-8661 ext 159** Monday through Friday 7:00 a.m. – 3:00 p.m.
2. Power strips and extension cords are NOT PERMITTED in resident rooms or resident care areas.
3. Electronic devices may be declined based on outlet capacity in the resident's room. **Check with Maintenance before purchasing item).**
4. All electronic devices such as but not limited to VCR's, computers, DVD players **must be** purchased new and inspected by the Maintenance Department prior to resident use.
5. Maintenance Department will complete inspections within 72 hours of receipt.
6. All electronic devices will be logged by serial number and room number per Maintenance Department.
7. After inspection is complete each device will have an inspection sticker with a date, time and initial of inspector.
8. All electrical devices will be inspected on an annual basis.
9. If devices are found to be immediately removed and resident / family will be notified.
10. Maintenance Department is responsible for updating device logs.

### Notes:

1. The following electronic devices will be supplied by Meadow Brook Medical Care Facility per request:
  - a. Television
  - b. Clock radios
  - c. Fans
  - d. Air Conditioning units (based on resident clinical need)
  - e. Phone
2. Appliances such as but not limited to microwaves, toasters, refrigerators, coffee makers, lamps, irons and electric blankets are not permitted. NOTE: (Special reading lamps may be permitted after review on a case by case basis).

## Agencies/ Advocacy

### **Attorney General**

Health Care Fraud Division  
P.O. Box 30218  
Lansing, MI 48909

**Phone: 1-800-242-2873**

### **Behavioral Health**

Office of Recipient Rights  
Lewis Cass Building, 3<sup>rd</sup> Floor  
Lansing, MI 48909

Phone: 1-800-854-9090

### **Medicaid**

Medical Services Administration  
P.O. Box 30479  
Lansing, MI 48909-7979

**Beneficiary Help Line: 1-800-642-3195**

### **Michigan Protection & Advocacy Services**

4095 Legacy Parkway, Suite 500  
Lansing, MI 48911-4263

**Phone: 1-800-288-5923**

### **Michigan Department of Licensing and Regulatory Affairs**

Bureau of Community and Health Systems  
Request for Hearing- Involuntary Transfer/Discharge  
P.O. Box 30664  
Lansing, MI 48909

**Phone: 1-800-882-6006**

**Fax: (517) 241-2635**

[Bchs-help@michigan.gov](mailto:Bchs-help@michigan.gov) (Subject Line: LTC Request for Hearing)

### **State Ombudsman Office**

Michigan Department of Community Health  
P.O. Box 30676  
Lansing, MI 48909

**Toll Free: 1-866-485-9393**

### **Antrim County Commission on Aging**

308 E. Cayuga Street  
Bellaire, MI 49615

**Phone: (231) 533-8703**

### **Area Agency on Aging**

16009 Park Drive  
Traverse City, MI 49686

**Toll Free: 1-800-442-1713**

### **Disability Network**

415 E. Eighth Street  
Traverse City, MI 49686

**Phone: (231) 922-0903**

### **Northern Healthcare Management**

105 Hall Street, Suite D  
Traverse City, MI 49684

**Phone: (231) 933-4917**